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Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—RUSKIN.

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## Original Communications.

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### REPORT ON DERMATOLOGY.\*

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The steady progress which has been made in other departments of medical science is also observed in dermatology. It would be entirely beyond the scope of this report to note all the new facts which have accumulated during the past year, and every improvement which has taken place during that time. It has been my object to present in this report only that which has appeared to me to be worthy of your notice and likely to prove of practical value to the general practitioner.

The impulse given of late years to the microscopical study of diseased processes has been felt with great force in dermatology, and has led to the discovery of the parasitic origin of various cutaneous diseases. With the most important of these you are, of course, familiar; still much is yet to be learned by us all, and some of the most interesting developments during the past few months have been in this direction.

\*Read before the Kentucky State Medical Society by the Chairman of Committee on Dermatology.

A. Von Hebra, as quoted by the London Medical Record, August 15, 1882, has described a fungous disease of the skin which had hitherto escaped detection. The fungus is quite small, is seldom rod-shaped, and no organs of fructification have been observed. It is symmetrical in its distribution, and situated on the neck, bend of elbows, and popliteal space. It is likely to be mistaken for eczema, which often coexists as a secondary lesion. From tinea tonsurans it may be distinguished by the fact that the hairs are not affected by it; that it does not occur in rings; and lastly by its running a very chronic course. The eczema must first be subdued by soothing applications, after which the remedies directed against the parasite should be applied.

Emile Vidal describes, in *Annales de Dermatologie et de Syphiligraphie*, Vol. 3, No. 1, a parasite which he has discovered in *pityriasis circinata et marginata*. He calls it the *microsporon anomaeon*, or *dispar*. The most important characteristics of this fungus are, first, the diminutive size of the spores and their great variation in volume; second, a circular arrangement in the epithelial cell; third, the scarcity of the chains of spores; fourth, the absence or great rarity of mycelium.

The fungus affects the superficial and specially the middle layers of the epidermis. It is most to be seen upon the face, beard, and neck. The hair is not involved and its follicle does not become inflamed. It has never been known to occur in a person past forty years of age. It does not appear to be contagious, and recovery is speedily secured by means of the usual antiparasitic remedies.

Acute pemphigus, at least in some of its forms, will probably hereafter be classed among the parasitic diseases. Mr. Paul Gebier has found micro-organisms in the serum which fills the bullæ in this disease, and also in the urine of patients. The parasite is found in chains of rounded elements which show active movements. It is reproduced by cultivating the serum or the urine. Attempts to propagate it by inoculation have so far failed, and it has not been found to be transmitted by contagion.

The affection is easily cured by the usual antiparasitic remedies. (*Annales de Dermatologie et de Syphilographie.*)

The investigations of scarlet fever by Dr. F. Eklund, of Stockholm, have, during the past year, been carried still further, and he has successfully cultivated the plax scindens, just as Koch and others have carried on the culture of the bacillus tuberculosis.

The parasitic origin of leprosy has also been the subject of continued investigation during the past year. Hansen, of Norway, has published the results obtained by him in the culture of the bacillus lepræ. These confirm the author's earlier observations on this subject. (*Nord. Med. Arkiv.*, No. 26, 1882.)

The presence of this bacillus in leprosy, as discovered by Hansen and Eklund (*Louisville Medical Herald*, 1879), was also demonstrated by Dr. Neisser, of Breslau, who spent some time in Norway studying this disease. Profs. Ferd. Kohn and Koch subsequently reached a similar conclusion. At the International Medical Congress in London, Dr. Abraham exhibited under the microscope excellent specimens showing the different tissue changes in leprosy and the zoogaea masses of Hansen. It seems now to be well established that the contagion of leprosy is due to this parasite. It is strange that recent writers on this subject should still ignore the parasitic nature of this disease which has been so clearly demonstrated, and which alone furnishes a satisfactory explanation of all its phenomena.

An epidemic of impetigo contagiosa has been described by Dr. Wooster Beach, attending physician Northeastern Dispensary, New York. (*N. Y. Medical Record*, Jan. 20, 1883.) The epidemic was rather limited; it occurred in a recently built up district on the south shore of Long Island Sound. All the cases, seven in number, which he saw or could learn of were located on a single avenue of two blocks, directly exposed to winds blowing from water and over salt meadows and sunken lands. Malaria, as usual in so many suburban places, is the bane of the inhabitants of this place. There seems to be no evidence that this disease was due to vaccination; for, while some of the pa-

tients had been vaccinated at varying periods prior to the attack, others had not been vaccinated at all. It appeared beyond doubt that the disease was communicated in some instances by personal contact. Dr. Beach did not discover any parasite, nor does it appear that investigation with such a purpose was undertaken. The article closes with a table of differential diagnosis, which is herewith subjoined.

**IMPETIGO CONTAGIOSA.**

Small, roundish, flat, discrete, variously sized pustules.

On head, isolated and few in number.

**PUSTULAR (IMPETIGINOUS) ECZEMA.**

Minute pustules, agglomerating, very itchy.

On head, usually numerous, inclined to coalesce and cover large surface.

**ECTHYMA.**

Lower extremities usually attacked, somewhat deep, firm, sensitive, inflamed base; mostly affects the debilitated.

**IMPETIGO.**

Pustules full and rounded, do not increase in size, nor rupture, nor coalesce.

**VARICELLA.**

Usually small vesicles on face and body.

Under the title "Cutaneous Irritation and the Pulse," Sarah E. Post, M. D., of New York, published in the New York Medical Record, Sept. 30, 1882, a series of interesting and suggestive experiments showing the effect upon the pulse of general cutaneous faradization. In ten cases related slowing of the pulse ensued, the duration of the application varying between fifteen and forty-five minutes. The total average slowing amounted to 8.31 per cent on the primary count. In general terms, where slowing amounted to seven per cent, drowsiness usually appeared, the face would become pale, and the hands and feet would become warm. With these symptoms coexisted a general tonic effect. In general terms, increased tension of the pulse was observed after applications to the back and to the abdomen, a full or unaltered tension being present in each case after application to the limbs. In five selected cases slowing of the pulse took place only during periods when the rise

in pressure was most apt to occur. Experiments were also made by irritating the skin with mustard plasters and dry cups.

The question, how long should persons the subjects of contagious diseases be isolated, is one very frequently brought home to practicing physicians by anxious parents and others interested. The Academy of Medicine of Paris referred it to a special commission, and after careful consideration the following answer was given, embracing not only the length of time during which segregation should be enforced, but also several other precautions deemed necessary:

1. Pupils affected with chicken-pox, smallpox, scarlet fever, measles, mumps, or diphtheria should be strictly isolated from their comrades.
2. For smallpox, scarlet fever, measles, and diphtheria, isolation should not be shorter than forty days. For chicken-pox and mumps, twenty-five days is enough.
3. Isolation should last until after patient has been bathed.
4. The clothing worn by the patient at the time he was taken sick should be subjected to a temperature of 90° C. (194° F.), and to sulphur vapor, and then well scoured.
5. The bedding, furniture, and curtains of the sick-room should be thoroughly disinfected, washed, and aired.
6. The pupil of a school, after recovery from one of the above contagious diseases, should not be re-admitted to the school, unless furnished with the certificate of a physician that the above precautions have been observed. (Gaillard's Medical Journal.)

The causation of disease is so intimately connected with prognosis and treatment that its study has ever been prosecuted with vigor, and has also been regarded by the profession as not only interesting, but of great practical import. With regard to many cutaneous diseases the etiology is still a vexed question. Professional opinion continues to be divided as to the influence exercised by malarial miasm in the production of various acute diseases of the skin. Much additional observation will be required before a final decision can be reached.

Whatever opinion may be entertained as to the malarial cause of skin disease, it must be admitted that great credit is due to Prof. L. P. Yandell for calling our attention to the clinical fact that quinine in sufficient dose exerts a powerful curative action in many acute diseases of the skin.

Verneuil and Meklen have recently published a paper on the cutaneous manifestations of paludism, with the following conclusions:

1. Herpes is one of the common manifestations of malarial disease.
2. It may either precede the paroxysm of intermittent, or occur during any one of the three stages of the paroxysm, or it may follow the stage of sweating. It may appear even after the paroxysms of the fever have been suppressed by means of sulphate of quinine. There is no etiological connection between the herpes and the fever, notwithstanding their frequent coincidence.
3. Paludic herpes does not present any peculiar features. Its most common locations are the face, the region about the lips and nostrils, the eyelids, the cornea, and such points as are most abundantly supplied with nerves. Though ordinarily discrete, in certain epidemics the eruption presents a remarkable tendency to confluence.
4. Black crusts or, more especially, black vesicles attending the herpes pertain to grave and pernicious forms of malarial fever.
5. Exceptionally, herpes of malaria takes the form of zoster.
6. The ordinary forms of malarial herpes may be preceded by and accompanied with vasomotor disturbances upon the surface of the skin and disorders of sensibility.

It is believed, in consideration of the habitual locations of the eruption, of its concomitant disorders, of its possible appearance in the absence of a febrile attack, that the cause of the disease is referable to a nervous lesion, perhaps to a congestion of the cutaneous nerve-branches, resulting from the localization of the malarial poison in these nerves. (New York Medical Journal.)

The therapeutics of diseases of the skin have been enriched by various new remedies; perhaps the most important of these is naphthol.\* Prof. Kaposi, in the *Wiener Med. Wochenschrift*, Nos. 30 et 31, 1882, reports that he has treated over one thousand cases of skin disease with this remedy. It appears to be quite an active agent, and hence should be used with caution. In the hands of the writer it never caused any unpleasant effects, except some local irritation. The most favorable results obtained with it were in the treatment of scabies; no preparatory treatment was required. The remedy does not soil the clothing; it causes no irritation of the healthy skin; and a single application is sufficient to effect a cure.

The following is the formula given by Kaposi:

Axungiae vel unguenti mollis,	100 parts;
Saponis Viridis,	50 parts;
Naphthol,	15 parts;
Cretae preparatae,	10 parts. M.

In children the proportion of naphthol may be reduced to ten parts.

The ointment should be briskly rubbed into the parts affected by acarus scabiei. Starch is then powdered over the surface, and the patient is to be wrapped in flannel. In ordinary cases the patient is discharged cured in twenty-four hours.

Even when eczema is present, this is still considered the best treatment. Various forms of eczema, ichthyosis, and prurigo were also greatly benefited by the use of this remedy. In prurigo its beneficial effects were most striking. The mode of application is as simple as it is effective. An ointment composed of five parts of naphthol to one hundred parts of simple cerate is rubbed into the affected parts, which are also powdered over with naphthol. In the more chronic and obstinate forms of disease, especially ichthyosis, special care must be given to the skin in the way of emollient baths, etc., and the use of the remedy must be kept up persistently. In the milder forms of disease and in more recent cases the cures have been surprisingly rapid.

\*It is always kept on hand by C. Lewis Deihl, druggist, this city.

The accomplished editor of the Medical Bulletin, Dr. J. V. Shoemaker (July, 1882), publishes an article on the Oleate Oleopalmitates in Skin Diseases. He calls attention to the fact that they are chemical compounds of a definite, stable character, true oleates, not mere solutions of oxides in oleic acid, as those heretofore manufactured. They are produced by the double decomposition of sodium of oleates with solution of neutral salts. In this important paper, one of the most useful and practical publications during the past year, the talented author enters fully into the mode of preparation and the advantages and indications of each in the disease to which it is applicable. He considers the oleate of mercury the best local stimulant and alterative of all the mercurials. He recommends it, not only in the treatment of syphilis, but in chronic psoriasis, and as capable of a thorough destruction of parasites, both animal and vegetable.

Oleate of zinc is declared to be the remedy, par excellence, for excessive sweating, and in cases of osmidrosis he considers it the most reliable application. In that most common form of eczema, vesiculosum, oleate of copper, he found, effected rapid cures; and in cases of ringworm great benefit was derived from the application of the oleate of bismuth penciled over the surface; it often subdues intractable cases. Oleate of arsenic has been used with satisfaction in ulcerated lupus and epithelioma; oleate of silver is recommended as a safe and efficacious remedy in erysipelas.

The superiority of the oleates over ordinary ointments is stated in detail as follows: First, their deep penetration; second, their freedom from rancidity; third, their cleanliness of application; fourth, their great economy, they require to be only lightly smeared, or applied over the surface in very small quantities; fifth, their antiseptic and deodorant action.

In herpes zoster, Dr. Lamberty (*Revista Clinica di Bologna*) reports a cure accomplished in one day by painting the vesicles with carbolic acid, and then applying a layer of cotton wool; a saline purgative was given the next day.

Dr. Meredith (London Practitioner, August, 1882) reports

excellent results in the treatment of the same disease with oleum menthae piperitae. He found it more effective than any other anodyne application in allaying the neuralgic pains so often accompanying herpes zoster in old people, and after eruption has disappeared. Painting over the affected parts with this oil nearly always produced speedy relief. Its application was also attended with great benefit when the eruption was fresh and florid.

Dr. Eklund (Louisville Medical Herald) has, within the last year, called attention to the rapidly curative effect of balsam of Peru as an external application in scabies.

A new remedy in chronic eczema has been brought to the notice of the profession during the past year. Dr. J. Furgerson (Canadian Jour. Med. Sciences, April, 1882, and Arch. of Dermatology, October, 1882) reports a case of chronic eczema of the face, in which the skin was thickened and infiltrated; there were deep fissures in many places, the skin dry and scaly, and the patient suffered greatly from itching and burning; the disease had lasted a long time, and the patient was put on an infusion of viola tricolor, two drams to ten ounces of water. All other treatment was suspended. In a week there was more inflammatory action, and the skin began to discharge large quantities of serum. The infusion was then withheld and a mild saline diuretic was prescribed. In a few days the infusion of viola tricolor was resumed, but of less strength; forty grains in infusion were taken daily. After continuing this treatment for six weeks, the patient's general health had much improved, and the skin had assumed a favorable appearance. The patient slept well and experienced more comfort than he had had for several years.

Dr. Reiter, of Pittsburg, has, within the last few months, given an account of a remedy for inveterate psoriasis, which he had used successfully in his own case and in many others. The doctor had suffered from this disease in an aggravated form, inheriting it through several generations. At the suggestion of an old farmer he took a saturated tincture of burdock seed.

Dr. Squibb, in his ephemeris, recommends the preparation of the tincture in the proportion of two ounces of crushed seeds to a pint of good whisky, of which four fluid drams, well diluted, should be given three times a day after meals. Its administration must continued for a long time, perhaps many months. Under its influence the digestive functions and the skin are greatly improved. The medicinal properties of the drug appear to reside in an essential oil and a resin.

Boracic acid, one of the more recent additions to the *materia medica*, has lately been applied to the treatment of various cutaneous affections. Dr. Kurtz (*Memorabilien*) reports that he has used an ointment composed of five parts of boracic acid to from ten to fifteen parts of vaseline with successful results in eczema, impetigo, prurigo, and psoriasis. (Physician and Surgeon, October, 1882.)

The salicylate of soda has recently been used with marked effect by Dr. E. Westlund, of Sweden, in the treatment of leprosy. He prescribes the medicine on the ground that leprosy is due to micro-organisms. The first case was that of a man suffering from a high degree of lepra tuberculosa. The remedy was ordered in doses of fifteen grains in water five times a day. The patient wrote, after some months, to report that he was perfectly cured. Two other cases were still under treatment, and had also undergone great improvement.

In lupus erythematosus, which is not a very rare disease, Dr. Fox, of New York, has recommended a mixture, composed of

Chrysarobin,	15 parts;
Salicylic acid,	10 parts;
Calamine,	5 parts;
Ether,	10 parts;
Flexible collodion,	60 parts,

to be painted upon the diseased patches. He says salicylic acid has a decided effect upon the epidermis, and chrysarobin upon cellular infiltration of the skin. This combination is expected to prove greatly beneficial in this disease.

Dr. M. A. Collins, in an article entitled "The Curability of

Epithelial Cancer and kindred Ulcers," which appeared in the Cincinnati Lancet and Clinic, July 15, 1882, reports the cure of several cases of malignant ulceration by means of the application of powdered ergot. Recent ergot, freshly ground to an impalpable powder, was applied three times daily to the entire ulcerated surface by means of a large, soft, hair pencil. The powder was used dry, allowing all to adhere that would. After each application the ulcer was covered with a light muslin rag, wet with the following lotion:

Sulphurous acid,	.....	.....	.....	3 iv;
Carbolic acid,	.....	.....	.....	3 j;
Glycerin,	.....	.....	.....	3 j;
Aqua,	.....	.....	.....	3 iiiss. M.

The patients were also put upon iron, quinine, cod-liver oil, and the usual adjuncts to restorative treatment.

The features which most frequently induce patients suffering from cutaneous affections to seek medical aid are doubtless disfigurement and pruritus. Of these the latter is productive of greater suffering in the majority of cases, but the mental suffering inflicted by a disfiguring eruption is certainly not trifling. Any thing capable of relieving the intense itching attendant upon many papular, vesicular, and vesiculo-papular eruptions can not be unworthy the notice of practical physicians. Among the means of allaying even intense itching, hot water occupies a very prominent place. I became aware of this while suffering, some months ago, from a severe attack of eczema papulatum of both hands, attended with exasperating pruritus. This most troublesome symptom was, in my own case, quickly and for the time being entirely relieved by immersing the affected parts in hot water of as high temperature as could be borne. The immersion should last at least ten minutes, and may be repeated at any time if the itching returns. Usually a single immersion affords relief for many hours. By this means a good night's sleep may be secured to a patient, who otherwise would have to endure many hours of most uncomfortable unrest. While the affected parts are immersed, a pitcher containing very hot

water should be at hand, so that the high temperature of the water can be kept up by occasionally pouring in small quantities from it. The soothing effects of this simple remedy also tend to shorten the disease, while mitigating the suffering entailed. It is most applicable to cases in which the eruption is situated upon the extremities and does not involve the integument of the whole body. Since this observation was made by me, Dr. E. B. Bronson has also called attention to the anti-pruritic property of hot water in an excellent paper on "Eczema, its Pathology and Treatment," which appeared in the Journal of Cutaneous Medicine for February, 1883.

LOUISVILLE, KY.

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## THE POWERS AND DUTIES OF LOCAL BOARDS OF HEALTH.\*

BY J. N. M'CORMACK, M.D.

To those who think only of honor and profit, it can be easily demonstrated that no more undesirable position can ever be devised for a physician than to make him a member of a local board of health. With no other compensation than the ill will and abuse of those whose prejudices and pecuniary interests are disturbed by his efforts to discharge his duty, and the complaints and jealousies of his professional brethren whose patients he must often interfere with, he is asked to furnish himself with sanitary books, journals, and other appliances, at his own expense, to enable him to diminish the sickness by the very existence of which he earns a support for himself and family. Under this state of facts it is not strange that central health departments, both in this country and Europe, have found their greatest practical difficulty to be in securing efficient local workers; but it would rather seem remarkable that physicians have been found

\* Read before the Kentucky State Medical Society, April, 1883.

who would accept offices of this kind at all. It could be done in no other profession but ours, and the subject is brought up here for the purpose of determining if the profession of Kentucky is ready to earnestly engage in the work, for the State Board is ready to admit that it is utterly dependent at this point. With the profession to back it and hold up its hands, every thing is possible; without it, nothing can be done. The auditor could better collect the revenues from the various counties without the aid of the sheriffs, than can the State Board of Health manage the sanitary interests of the cities and counties of this Commonwealth without the assistance and co-operation of an efficient local board in each. In fact, the State Board was largely designed by the law under which it acts as an agent for the organization and stimulation of local boards, and could be easily dispensed with or used only as a center of communication if a model board existed in each city and county. That this ideal condition will be realized in this State for many years to come, will hardly be expected by those who have made themselves familiar with the state of public and professional opinion on the subject; but the gradual improvement from small beginnings, and against strong opposition in other States and in some counties in this State, leads those interested in our sanitary work to hope that, notwithstanding all the disadvantages under which we have labored and still labor, a work may yet be accomplished which will not only reflect credit on the profession, but result in a great saving to the State by diminishing the sickness and lessening the death-rate.

Much has been said and will be said about the need of new legislation and increased powers, but the difficulty in this State so far has been that the laws already in existence have not been enforced, and the powers already granted have not been exercised. In some counties, it is true, during the past winter especially, excellent work has been done in stamping out smallpox and abating nuisances; but in many instances even the formality of organizing the boards has not been gone through with, and nothing whatever has been attempted. Under our present laws

the powers of health boards in making and enforcing regulations for the public health and safety are practically unlimited, being almost as ample as the legislature can confer, their authority in some respects being greater than that of any other body known to the law. In the presence of epidemic and contagious diseases they may enter any dwelling, building, vessel, or vehicle by force, if need be; may restrain the liberty of citizens and destroy their property; in a word, may enforce any regulation which may be necessary to prevent the spread of disease and secure the public safety. They may declare and maintain quarantine between the counties or between certain districts in the county; isolate persons infected with contagious diseases, or temporarily remove persons from infected localities. Any nuisance, source of filth, or cause of sickness found on either public or private property must be abated by the owner on the order of the board; and if he fails or refuses to do so, the board may have it removed at his expense and prosecute him for a disobedience of its mandates, each day's continuance after receiving the order being a separate offense. They have authority to make sanitary surveys, regulate vaccination, the ventilation of schools, jails, and other public buildings; and even have control of the interment of the dead.

From these enumerated duties (and only the principal ones have been touched on), it will be readily seen that the county boards not only possess large powers, but that they also have imposed upon them grave responsibilities. Upon their prompt, intelligent, and efficient action will oftentimes depend the safety of an entire community. A single case of smallpox, scarlet fever, or measles may, if attended to in time, be so effectually isolated as to involve no danger to others, while a little neglect may allow the seeds of a pestilence to germinate which would desolate a community or a district.

What has been said of county boards may be taken as substantially true of town and city organizations. Of course the dangers are increased in great centers of population, where dwellings, barns, outhouses, wells, cesspools, sewers, and man-

ufactories are crowded upon a small territory, where crowds of people are continually mingling on the streets and in churches and places of amusement; and with the greater dangers comes increased responsibilities to the guardians of the public health, but the duties differ in degree rather than in kind. Cleanliness, pure air, sunlight, dry soil, and good water are among the precautions against the ordinary forms of disease; and these, with isolation, disinfection, and eternal vigilance, are the weapons to be used against those of the epidemic and contagious variety. In city and country alike the importance of little things must not be overlooked. One defective sewer may desolate a block of houses. An accumulation of filth at one point may fill the air with miasms, or the poison may percolate through the soil into neighboring wells and springs, and sow the seeds of disease and death broadcast through a community. The better to carry out these objects, every board of health in city or county should adopt a code of sanitary regulation, and publish, republish, and explain them until every citizen under their jurisdiction should not only become familiar with the language, but understand their purpose. The daily press, the pulpit, and every other legitimate means should be used to inform the public and to impress them that sanitation is a benevolent work of our profession, undertaken solely for the general good. When this point is gained the balance will be easy. Just as soon as people can be made to understand that it is essential to the protection and well-being of society that this work be carried on, will hearty co-operation, sympathy, and, last of all, money reward those who have had faith to work. When the public can be made to comprehend the importance of the early detection and isolation of cases of contagious disease, the intelligent portion of the community will no more think of endangering their neighbors by failing to give the notice now required by law than by any other reckless conduct. This is not conjecture or closet reasoning, but is founded as well on the experience of other nations as on that of older health boards among our own people. The code adopted by each board should embrace the following points

and such others as the peculiarities of their locality may seem to require:

1. For a sanitary survey of the city, village, or county, with reference to the sewerage, drainage, and water-supply; number and sanitary condition of the inhabitants; the accumulation of filth, and the disposal of excreta and garbage.
2. For an efficient system of sewerage with occasional inspections.
3. For the cleansing of streets and alleys.
4. For the inspection of lodging-houses, hotels, and public buildings, with special reference to the condition of cellars, drains, water-supply, and ventilation.
5. For the regulation and inspection of markets.
6. For a complete record of births, marriages, and deaths.
7. For regulating the interment of the dead.
8. For vaccination and re-vaccination.
9. For preventing the spread of contagious diseases.
10. For regulating when and by whom notice should be given of nuisances and other causes of danger to the public health.

In all that is written for the public in regard to sanitary matters, too much stress can not be laid on the fact that the greatest dangers to the public health and consequent high mortality come not from epidemics, but from the ordinary forms of disease. A few cases of smallpox will cause a great scare; a hundred cases of yellow fever will destroy the commerce of a city or State; and a thousand or less cases of cholera will paralyze the business of our whole country; but ten times as many equally good people may perish from our common every-day diseases without causing a ripple. Authentic statistics show that more people die in this country every year from consumption than have died from smallpox in a century; that more of our people die every year from our ordinary forms of diarrhea and dysentery than have ever died from cholera; and that more people die every year from our ordinary miasmatic diseases than have died from yellow fever in this country since Columbus discovered America.

BOWLING GREEN, KY.

## REPORT ON MATERIA MEDICA.\*

BY T. B. GREENLEY, M.D.

When we make a comparison of the treatment of diseases at the present time with the method employed forty years ago, we are naturally and forcibly impressed with the fact that a great advance has been made. The same remark will hold good when speaking of the manner of administering doses. Your reporter well recollects when country physicians were compelled to act as their own pharmacists, and in many instances made a very bungling job of it. We had no means in those days of concealing the unpleasant tastes of our remedies. In many cases, no doubt, nausea and vomiting were the result of the nauseous dose. Imagine, if you please, at the present, a dose of calomel and rhubarb mixed with molasses in a big spoon handed to the patient to swallow, and you will readily conceive how disgust and nausea would be excited. We should, therefore, feel grateful, both as physicians and patients, that the days of office pharmacy have passed, and thank the genius of inventors for the many ways of concealing the nauseous taste of drugs and for the eligible modes of their exhibition we now have the advantage of.

It is often said that our pharmacopeia is becoming too voluminous; that there are too many substances brought into use as remedial agents. We have every year many new preparations presented before the profession, a certain proportion of which, no doubt, will sooner or later be laid aside as comparatively useless; but I think it is our duty to investigate the properties and uses of all agents, and select from them such as we find to be most beneficial. We have comparatively but few positive remedies, and those few were found to be such after diligent research and investigation; and, I think, until we have fixed remedies for every disease, we should not discard any

\*Read before the Kentucky State Medical Society, April, 1883.

thing without a fair trial. If our predecessors had concluded the pharmacopeia was sufficiently full and ignored the use of new agents, we would to-day have been deprived of many precious remedies. We should therefore continue to make fair experiments with whatever lays claim to being remedial.

Notwithstanding we have such a bountiful supply of new remedial agents, it is now and then discovered that old remedies are applicable in the management of diseases where they have not heretofore been used. Iodine has lately been used in typhoid fever, and carbolic acid is gaining quite a reputation in the treatment of the same malady. Turpentine, a very ancient remedy, has recently been brought into use as a remedy also in that disease. Dr. Bolling, of Nashville, extols its virtues in this particular complaint. This agent is also recommended as a remedy in *tenia solium*, as well as locally applied in erysipelatous inflammation. Iodine is also claimed to be a successful remedy for intermittent fever; as far as I have given it a trial, I can not say that I am prepossessed in its favor. Ergot has recently been used as a local application in cancer and other tumors. Dr. Collins, in the *Lancet* and *Clinic*, reports ten cases in which he used it successfully. He applies it dry, in form of a very fine powder. He was led to its use in this disease on the principle that cancer progresses by proliferation of cells; and, as the remedy is said to act by contraction of terminal blood-vessels, he inferred that it would act locally applied as it does through the systemic circulation. Should his observations become to be verified by others, his discovery will prove to be a great boon in the treatment of one of the most loathsome diseases humanity is subjected to, and one heretofore regarded generally as incurable.

Quassia amara, long used as a bitter and tonic, has recently yielded active principles, termed amorphous quassin and crystallized quassin, which have proved in the hands of Dr. Campardin to possess valuable properties in being capable of stimulating the salivary glands, the liver, and kidneys.

Hypsulphite of soda, long regarded as an antiseptic in

arresting ferment in the blood, especially in typhoid fever and other septic diseases, also is ascertained to possess febrifuge properties, as well as those of an antiperiodic character. In certain cases, owing to peculiar idiosyncrasies of patients who could not with impunity take quinine, I have succeeded in arresting remittents in forty-eight hours, and have frequently treated intermittents successfully with this remedy. When quinia is at a very high price, this substance can be conveniently resorted to as a cheap substitute, especially among the poor.

Cinchonidia is still very extensively used as a substitute for quinia, and as an antiperiodic I believe is but little inferior to it; but as an antipyretic I regard it quite inferior. In many instances it excites nausea as well as nervousness on the part of the patient. The stomach in some cases becomes intolerant to its presence. If I take a large dose of it I am compelled to stay in bed while its influence continues; this is not the case with quinine. At times when quinia may be at a high price we have a good substitute and very cheap, especially as an antiperiodic, in the purified chinoidine. Messrs. McKesson & Robbins did me the kindness to send me a sample, which I find an excellent remedy in intermittents. But since the duty was taken off of quinine it has become so cheap we are hardly compelled to resort to any substitute.

Salicylic acid and its salts continue to maintain their standing as prompt remedies in acute rheumatism, but exert but little influence in the cure of the chronic form. These remedies are also used as antiseptics and antipyretics in other diseases. The sodium salt is also recommended as a specific in tonsilitis.

Chrysophanic acid is still used successfully in the treatment of psoriasis and allied diseases, but owing to its great irritating properties has to be used with caution.

Bichloride of mercury has been recently used successfully in gonorrhœa in form of a weak solution by injection. It is better adapted to the chronic stage. Dr. Leisterkow uses this treatment on the theory that bacteria are in the urethra, and that the corrosive sublimate acts as a germicide.

Sulphate of atropia, according to Dr. Gentilhomme, produces surprising effects in the relief of coryza when given in the first stage, and will do much good even after the trouble is advanced. He also recommends it in bronchitis. It does good by arresting nasal secretion and relieving congestion of the membrane.

Sulphate of zinc has lately been used successfully, in Georgia, as a remedy in scarlet fever.

Inhalations of carbonate of ammonia promise to be beneficial in both acute and chronic bronchitis. This can be effected by carrying small pieces of the salt in a little sack hung around the neck. Carbolic acid, although falling somewhat into disuse as a local antiseptic, especially as used by Lister, is gaining ground as an internal remedy, both by the mouth and hypodermically. It has been used in the latter way by several foreign physicians in intermittent fever, prurigo, diphtheria, crural neuralgia, pleuro-pneumonia, typhoid fever, malignant pustule, nevis, acute articular rheumatism, and as a prophylactic against the spread of erysipelas. The strength of the solution used was two per cent of the pure article in water. No doubt the object of this mode of treatment was to induce the antiseptic influence of the remedy through the blood in the majority of the cases; or, in other words, it was administered with a view to its germicidal properties.

Borax and boracic acid have been lately used with success by Dr. Goodheart, of London, in six cases of diphtheria. The remedy was used locally, both by brush and atomizer. They evidently possess antisепtic properties. Borax has also been used successfully in epilepsy where the bromides had failed.

Dr. David uses atropine conjoined with ammonium and potassium bromides in the treatment of epilepsy.

*Prunifolium Virginiana* still holds its ground as a prophylactic in abortion. It no doubt possesses positive properties as a uterine tonic.

The oil of wintergreen (*gaultheria*), heretofore used mainly in pharmacy as a perfume and aromatic, has lately been introduced as a remedy in acute rheumatism. Dr. Kinnicut, of the New

York Hospital, reports twelve cases of this disease treated alone with the oil. He extols it as possessing decided advantages over the salicylate of soda, or the acid. It is tolerated better by the stomach, and is much more pleasant to take. In these cases the average duration of the fever was about three days, and joint-pain four and a half days. He also derived some benefit from its use in the chronic form of the disease. (New York Medical Record, of Nov. 4, 1882.)

My friend and neighbor, Dr. Foss, has used the oil in two cases with decided success, and is delighted with the remedy. Any treatment that will promptly relieve acute rheumatism should be hailed with joy.

Dr. McColganan is highly pleased with the use of ether spray in facial neuralgia. He reports twenty cases successfully treated.

Eucalyptus globulus, when first introduced to the notice of the profession, was regarded by some as a possible substitute for the cinchona bark; but this hope was not realized by experience; yet it undoubtedly possesses valuable antiperiodic and antiseptic properties. Dr. Currier speaks highly of its use in offensive discharges from the vagina. He uses it by means of a tampon, and alleges that it has a positive anesthetic as well as antiseptic and healing effect.

Of the many new remedies, I can allude briefly to but a few. Parke, Davis & Co. sent me some samples of their make. As far as I have given them a trial they have met my expectations. The fluid extract of cascara sagrada proves to be a good aperient in constipation, and, in the form of a cordial, not unpleasant to take. The Jamaica dogwood extract I consider a good sedative, and possessing tonic properties. The fluid extract of manaca seems to exert a favorable influence over chronic rheumatism. I think I have derived as good results from the use of the fluid extract of ustilago maidis in metrorrhagia as from ergot. I have not used it in other hemorrhages.

Coca is still used as an antidote to the morphia habit, with now and then successful results. I have only used it in one case, under unfavorable circumstances, without success. It no

doubt possesses supporting properties, both to the heart and nervous system, and is a good stimulant.

*Convallaria majalis* has been highly recommended as a cardiac stimulant. It is peculiarly adapted to cases where dropical effusions are present. In cases of mitral insufficiency, accompanied with angina or not, it is highly recommended. In the very limited experience I have had in its use I am much pleased with the remedy.

In cases of cramp-colic, or any gripping pain in the stomach or bowels, I have found chlor-anodyne a prompt and efficient remedy.

I have used, recently, a fluid extract of *pinus Canadensis*, which I believe possesses considerable medicinal virtue in irritated or chronically inflamed mucous membranes. It is not to say unpleasant, and is better adapted for internal use. I have used it only in chronic diarrhea, but think it well adapted to cases of irritation of the urinary passages. Dr. Marion Sims speaks well of it as a local application in the treatment of chronic vaginitis and inflammation of the cervix uteri.

Dugong oil is now recommended as a substitute for cod-liver oil, and is claimed to be much more pleasant to take and equally effective.

Allyl slightly promises to become a possible remedy for hydrophobia. Three cases are reported where it acted successfully as a prophylactic in that terrible malady.\*

In the late revision of the U. S. Pharmacopeia it will be noticed that many articles of the *materia medica* have been omitted; and more than this number have been admitted—among them, more particularly, the comp. tinct. iodine, digitalin, and elaterium. Another fault in the work alluded to lies in the change of strength of some of the preparations of opium, notably the

\* The sulphide of calcium I believe to be a good alterative in excessive ulcerative processes; and if given carefully, and with regularity, will arrest to some extent, or at least diminish, pus formation. I have used it satisfactorily in excessive discharges from the lung in advanced tuberculosis. In lymphatic glandular enlargements I have derived positive benefit by the use of calcium chloride.

tincture and deodorized tincture. These articles contain twenty-eight per cent more opium than formerly. This remark applies also to the preparations termed *abstracts*. They are one hundred per cent stronger than the ordinary solid extracts of the same substances. It will be necessary for practitioners to familiarize themselves with these changes in order to prescribe with safety. Owing to the change made in formulas of parts by weight for specific weights and measures, the fluid extracts are decreased about five per cent in strength.

In the revision of 1870 we had 970 articles of *materia medica*; of this list 330 were of the primary, and 72 secondary, while the remainder, 568, were preparations. Of these articles, 63 primary, 45 of the secondary list, and 121 preparations have been dismissed from the present revision, making in all 229 titles. The number of articles added to the present revision is 256, making the total number of remedial agents 997.

In accordance with the action of the American Medical Association at its meeting in 1880, the committees of the present revision adopted the metric system. It is not unlikely, however, that a majority of physicians now in practice will continue to use the synonyms of the old system of weights and measures in the formulæ of their prescriptions.

In speaking of *materia medica*, or remedial agents, we generally have in view single substances or individual articles, and of course describe their virtues in that way; but in many instances we derive great benefit by combining two or more substances, as, for instance, in prescribing opium and belladonna together. In certain cases we combine hyoscyamus or belladonna with purgatives to modify their action. We could scarcely with safety exhibit podophyllin alone any length of time on account of its drastic and griping effects; hence we combine some sedative to guard it in that particular. We might cite an instance where a sedative and hypnotic could be combined which would afford almost immediate relief, wherein either alone would fail to do so; I allude to a case of acute bronchitis in the first stage, with smart pyrexia and cephalalgia, wherein a few grains each

of chloral and bromide of potassium would most likely act like a charm. The cough and pain would be greatly relieved, and perhaps a long step made toward aborting the disease.

As it is now claimed by many medical men that most of our diseases are dependent on bacteria or some peculiar microscopic germ or fungus, may not this, should it prove true, revolutionize to some extent our therapeutics? We shall then, perhaps, know our *materia medica*, not so much by the terms alteratives, antipyretics, tonics, etc., but by germicides. Even now several diseases are being treated antiseptically on the germ theory. We have bacteria, bacilli, etc., as the causes of malaria, consumption, syphilis, typhoid fever, gonorrhea, yellow fever, diphtheria, etc. Our remedies may not be changed so much as the indications for their use. Quinine will, of course, stand as the germicide in malarial diseases; carbolic acid and the sulphites, perhaps, will come into more frequent use. Should this state of things become permanently settled, we will have the advantage of treating disease more scientifically than heretofore. We now know that quinine cures ague, but we did not know that bacteria were the cause of the disease, nor that we were destroying them with our remedy.

OREL, KY.

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## REPORT ON SURGERY.\*

BY W. M. FUQUA, M. D.

Your committee reports that surgeons nowhere during the past year have taxed their inventive capacity so much as in some other years; but have rather exercised themselves in testing and elucidating such plans of treatment, such theories and operative procedures as have been suggested in a comparatively recent period. At no former period, for instance, has the treatment of wounds engaged such thought and attention as

\*Read before the Kentucky State Medical Society by the Chairman of Committee on Surgery.

within the past year. As a result wound-treatment has been brought to wonderful perfection, though we by no means have reached yet, in any sense, all we desire. The treatment of wounds is to be considered "the corner-stone of surgery," and just in proportion as it is perfected do we advance our art. The antiseptic treatment of wounds is the greatest advance made in surgery in modern times, and is the legitimate outcome of the doctrine of fermentation, decomposition, and putrefaction. Slowly the antiseptic doctrine has well established itself, and, in future, must remain the bulwark of surgery. It would seem almost needless to speak of drainage, since it is a recognized part of the antiseptic system, and is essential to the highest success in wound-treatment; not only in amputations of the breast and extremities, but especially so in sub-peritoneal surgery. I shall not occupy your time by enumerating the several substances in use to render wounds aseptic, but may be permitted the remark that the antiseptic of the future has not yet come to light. What we need is an agent which will secure asepsis, and at the same time prove at least non-irritating, if not actually soothing, and even anesthetic, slightly astringent, and styptic; but non-corrosive, and withhold not poisonous. When this end shall have been attained many of the chief enemies of the surgeon will have been relegated to the past.

Listerism still survives, while the same investigation which was applied to the germ theory has given a clue to the etiology of many obscure diseases, and has led to the introduction of new and efficient methods of guarding against and combating disease. The fact is, we are now for the first time in our history in a condition to make a rational system of therapeutics. In support of this idea I will mention that Dr. Ganthier, of St. Paul, Minn., gives the highest praise in the treatment of diphtheria to tincture of iodine, both generally and locally; Drs. Walton and I. P. Walker have reported very favorably on the use of the iodides in scarlatina; Drs. Kleinecke and Hinchey have reported over three hundred cases of malarial affections treated with a solution of iodine in iodide of potassium and

simple syrup. Ninety-nine per cent of the cases were relieved. The sulphites have been used in all the zymotic diseases, and with benefit in some. In diphtheria, sulphurous acid has given good results. In scarlatina, sulphurous acid, sulphur, and sulpho-carbolate of soda, and soda bisulphide have found ardent advocates. It is a well-known fact that workmen in sulphur mines in Sicily enjoy immunity from malaria. Others protect themselves from marsh fevers by daily fumigating the naked body with sulphur. Carbolic acid has been used in typhoid fever, in hooping-cough, and in diphtheria. M. De Lacaille, of Rio, says: "During the thirty years in which I have been employed in fighting yellow fever, this is the first patient whom I am certain of having snatched from death at such a period of the disease by the subcutaneous injection of carbolic acid." A case of viper-bite is recorded as cured by injection of carbolic acid, and another by the injection of permanganate of potash. Good results have been reported from the subcutaneous use of a solution of benzoate of soda in yellow fever.

For this apparent digression from my subject I trust you will pardon me. I have only cited the above relative to the practice of medicine in support of the germ theory and antiseptics. It is needless for me to refer to the treatment of wounds as practiced twenty years ago. How often, in our late revolution, did the army surgeon feel pained at the want of success even in the performance of trivial operations, and what fear and trepidation filled the heart of the conscientious surgeon as he did his work in the wards of his hospital! Who can forget the alarm created when it was announced in a crowded military hospital that a case of gangrene or erysipelas had appeared? Even at this late day we can behold the sunken eye, the pallid and wan cheek, the anxious expression, mutely appealing for help which we were impotent to give. Happily, that day has passed, and we stand upon a higher surgical plane and bid defiance to many of the evils which once caused such dreadful havoc.

*Peritoneal Surgery.* The term, abdominal surgery, covers a wide field in which many surgeons have won imperishable

renown. Under this definition is embraced ovariotomy, extirpation of the uterus and its appendages, spleen, and kidney, resection of the intestines, bladder, and stomach, operations for pelvic tumors and abscesses, and lastly, operative interference in gun-shot wounds of the abdomen. This department of surgery has grown *pari passu* with the growth of the application of the antiseptic system, and is without a precedent in surgical history. Hunter McGuire, in 1873, was the first American surgeon who recommended the abdominal section in gun-shot wounds of the abdomen, and in 1876 Prof. Dugas, of Georgia, presented the same views in an elaborate paper before the Centennial Medical Congress at Philadelphia. Marion Sims has recently reopened the subject, while an example of the good results of the procedure in an affection of non-traumatic origin was given during the past year by Schmidt, of Moscow, who, in a case of purulent peritonitis, incised the abdominal wall from the umbilicus to the pubis, removed the effusion and drained the peritoneal cavity. The patient—a man twenty-one years old—was, it is stated, quite well in two months after date of operation. (British Med. Journal, December, 1882.)

*Gastrotomy.* This operation has been often successfully performed for the removal of foreign bodies and for artificial feeding. Dr. Pooley, of New York City, has reported ten recoveries out of eleven cases performed for the removal of foreign bodies. Subsequently, Labbe and Filizet, of France, have both successfully performed this operation, the former having removed from the stomach of a man a fork, who in a playful freak had swallowed it. The latter removed a spoon from another, who perfectly recovered.\*

In stricture and carcinomatous disease of the esophagus, Mr. Holmes argues the propriety of esophagotomy, thinking it superior in many respects to gastrotomy, though its range of application may be more limited. Further experience is yet required to show what the relative value of these two operations is.

\*Genis Cain, the Parisian waiter on whom Dr. Filizet operated, died from peritonitis, February 18th, after indulging in a hearty meal of bread and cheese.

Resection of the pyloric orifice, for cancer, has been done perhaps fifteen times. Three out of this number are reported alive. Although this grave operation is assumed to be within the range of experimental surgery, yet the probabilities are it will never be recognized as a justifiable procedure.

*Intestinal Obstruction and Hernia.* Laparotomy for intestinal obstruction has been performed with rapidly growing success within the last few years, and in the near future it is likely to be popularized. "It is confidently predicted that, when earlier operative interference is resorted to, more confidence in the operation will be established, and far better results will be secured." Resection of the intestine continues a popular operation.

Dr. Quollard, of Geneva, records recently two successful cases of resection. He distinguishes between primary and secondary enterotomy. The former he applies to resection done for gangrene of the gut, and the latter to a similar operation for artificial anus. The latter he considers the safest operation. In cases of hernia with gangrene of the intestine he first establishes an artificial anus, and subsequently to resect and restore the continuity of the gut. In proof of the correctness of his views he adduces twenty-five cases of resection for artificial anus with but eight deaths, while, of forty-four cases (besides unpublished ones) of primary intestinal resection, twenty-three were fatal. (Medical Press.)

Lumbar colotomy is performed for mechanical obstruction by carcinomatous or other growths. It has also been done by abdominal incision. Dr. Sims believes it would be easier done this way, and the artificial opening rendered more convenient for comfort and cleanliness. Various operations for the radical cure of hernia have been suggested. Recently Dr. W. Mitchell Banks, in the British Medical Journal, describes an operation which seems to your reporter more rational and feasible than any heretofore proposed. He ligates the neck of the sac with excision of the sac, and with silver wire stitches together the pillars or columns of the abdominal ring. Twenty-one cases are reported, fifteen of which are cured,

and the patients now at work. This operation would seem to give better results than the "cork-screw operation." American surgeons, however, in the main, view with distrust all operations of this kind; this one, however, appears worthy of trial.

The treatment of rupture, incised and gun-shot wounds of the bladder has been discussed during the past year by Fisher, Rivington, Stein, and other surgeons. Laparotomy for ruptured bladder, so far as your reporter is informed, has been done only three times; once by Dr. A. G. Walter, in 1859, recovery, the operation being done ten hours after reception of injury; one by Dr. Alfred Willett, in 1876—the patient was not operated on for thirty hours after injury, and yet survived twenty-three hours after the operation; and one by Christopher Heath, in 1876, forty-two and a half hours after injury, the patient surviving more than four days. It is evident that the chances for successful result in the latter cases were greatly lessened by the loss of time between the injury and the operation.

From what has been said, the advantages of laparotomy in intra-peritoneal lacerations are quite evident, and rest upon thorough cleansing of the peritoneal cavity and accurate closure of the vesical wound. Gross, as early as 1851, recommended laparotomy for these injuries. The late J. R. Wood relieved three cases of wounds of the bladder by drainage-tubes. The bladder has been repeatedly wounded in the various operations of the abdomen. "There is no reason why the peritoneal portion of this viscous should not be sutured with as much propriety as we do the vaginal." The chief points of interest relating to the bladder are the steady growth of Bigelow's operation and the removal by perineal section of tumors from the interior of the bladder, both by Berkley Hill, Reginald Harrison, and Sir Henry Thompson; also the relief of intractable cases of chronic cystitis, by the latter surgeon, by a direct opening into the neck of the bladder upon a grooved lithotomy staff and in the median line, and draining the viscous through this opening.

The treatment of gonorrhœa by injection of sulphurous acid, diluted one part to fifteen or twenty of water, is strongly recom-

mended by Dr. Wilson, of England. (*London Lancet.*) A solution of corrosive sublimate has also been suggested in this same malady. Presumably, these agents must act as germicides.

"Incisions through the thoracic walls into diseased lungs have recently been advocated by Drs. Bell, of Christiana, and Fenger and Hollister of Chicago. This procedure is advised in "circumscribed gangrenous foci in lung tissue, in pulmonary abscess, and of phthisical and bronchiectatic cavities."

*Excision of the Lung.* Gluck, of Dantzig, following up his previous experiments, exsected one lung from sixty animals, cows, pigs, dogs, and rabbits. The majority of the animals not only survived the operation, but the remaining lung increased in size and became compensatorily enlarged, as in some cases of cirrhosis from atelectasis. Pneumothorax resulting from the operation soon disappears. Gluck believes that the indications for the operation would be found, in man, in grave pulmonary traumas, irritative foreign bodies, and primitive, caseous patches. Apropos of the latter, it may be remarked that Dr. Fenger excised an echinococcus which had produced extensive pulmonary gangrene. The patient perfectly recovered. Tubercular cavities have been opened once, and the lung has been once incised for gangrene, but in both cases unsuccessfully. (Galliard's Medical Journal, December, 1882.)

*Nerve-Stretching.* Dr. Chandler, of New York City, gives an analysis of four hundred and sixteen cases of nerve-stretching, which shows that this operation, though occasionally valuable in the treatment of neuralgia and some spasmodic affections, is of very questionable benefit in cases of central nervous disease.

*Gynecology.* Italy and America share the credit of recent advances in this department. The operations of oophorectomy and hystero-trachelorraphy during the past year have been fruitful subjects of discussion. The removal of both ovaries to arrest the rapid growth of vascular fibroids of the uterus has now received the sanction of our best authorities at home and of the most distinguished gynecologists abroad. "To the brilliant conception of Blandell in 1823 is due the surgical procedure

by Batty in 1874," and Dr. Sims is of the opinion that it will be substituted entirely for the more formidable operation of extirpation. Hystero-trachelorraphy has slowly won for itself a name and place in surgery. Notwithstanding all the modern improvements, the operation of hysterectomy for malignant disease, both through the abdominal walls and through the vagina, remains most formidable, and may be considered as yet on trial. The cesarian section, though somewhat antiquated, is a well-recognized procedure, "and if surgeons were as careful to clear out the peritoneal cavity and suture the uterus with silver wire, there is no reason why it should not be as successful as any other in the whole range of abdominal surgery." And should the uterus be ruptured in parturition, and the fetus extruded in whole or part into the peritoneal cavity, then laparotomy should be done at once and the patient treated as after the cesarian section.

*Reproduction of Bone.* The reproduction of bone after resection and exsection remains one of the marvels of surgery no less than an illustration of its highest art.

Surgeon-General Longmore reports, in the British Medical Journal, 1882, a successful case of trephining for gun-shot injury of the skull. Hunter McGuire, revising Longmore's classical article in Holmes's Surgery, enforces the importance of drainage in this class of injuries. Prof. W. T. Briggs, of Nashville, Tennessee, at the last meeting of the American Surgical Society, said he thought trephining was called for in severe bruises of the skull, to allow the escape of inflammatory products.

*Ligation of Vertebral Arteries for Relief of Epilepsy.* The treatment of epilepsy by operative procedure is one of the innovations in surgery which is likely to be of eminent service. We are indebted to Dr. Alexander, of Liverpool, England, for our knowledge of the operation, he having performed it up to July, 1882, twenty-one times, with the following results, viz: three upon whom the operation had been done, have been quite well for nearly a year; nine others have been so free from

epileptic convulsions and for such a space of time that it may be said that a cure has resulted; and eight have improved so steadily that the operation would be justifiable were no better results never obtained. In all these cases only one death occurred as the immediate result of the operation. He states the difficulties of the operation are easily overcome by practice, and believes this operation should take its place as a recognized procedure for the cure of epilepsy when other judicious means have failed to relieve. (Brain.)

*Shock.* The peculiar and often fatal condition denominated shock, which is incident to all grave surgical operations, is a pathological condition not clearly understood until recently. Goltz, of Strasburg, has shown it to be due to reflex paralysis of the heart and abdominal vessels incident to injury of the functions of the nervous system. Of the peculiar change which takes place in a nerve or a nerve center, the result of shock, we yet remain in the dark, as much so as in regard to that change which takes place in a nerve, the result of stretching. In order to overcome this reflex paralysis and restore the proper balance to the nervous system, we can, upon the soundest philosophical principles, use hypodermic injections of alcohol, ammonia, but especially ether, atropia, and strychnia. Your reporter would respectfully deprecate the use of digitalis and quinine, which has been advised by some men of distinction. It has not been proven that digitalis will maintain the heart's action; but in full and legitimate doses it will certainly paralyze that action. In the Louisville Medical News for September 9, 1882, in an article entitled, "Quinine as a Surgical Remedy," the following deductions were made: (1) In antipyretic doses quinine weakens the heart's action; (2) it diminishes the number of white blood-cells and paralyzes their movements; (3) it lessens the power of the red blood-cells for carrying oxygen, and is debilitating to the brain-cells.

*Anesthetics.* So many deaths having occurred from the use of the various anesthetics during the past year, it becomes a matter of the highest importance that we exercise the greatest care and

caution in their use. "The shorter the time the patient is under the influence of an anesthetic and in the hands of the operator the better. It is equally a matter of importance that an operation should be quickly done; nor are rapid manipulations incompatible with gentleness or careful after-treatment; moreover, nausea and shock resulting from prolonged anesthesia and exposure of deep structures are minimized by the skill of a quick operator." It is of eminent service in preserving the heart's action by premising the inhalation by the hypodermic administration of atropia. With this view, also a minute quantity of nitrite of amyl has been suggested to be inhaled along with the lethal agent.

In conclusion, permit me to quote from a recent writer: "Surgery claims for herself her full share of the wonderful inventions and improvements of this energetic age, and no one may foresee what wonders the next decade may bring forth. She is going on in nearly parallel lines with her sister medicine, having the same terminus to reach, viz. the relief of human suffering; and at the many points where the lines closely approximate we get the benefit of the recent therapeutical discoveries which she has made, while on the other hand we more than repay the debt by the help we are frequently called upon to give."

HOPKINSVILLE, KY.

NOTE.—In the preparation of the foregoing paper, I am indebted to Prof. D. W. Yandell for the help afforded by many medical journals, both domestic and foreign.

W. M. F.

VOL. XXVII.—19

## Reviews.

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**Legal Medicine.** By CHARLES MEYMOTT TIDY, M.B., F.C.S., Master of Surgery, Professor of Chemistry and Forensic Medicine and Public Health at the London Hospital; Medical Officer of Health for Islington; late Deputy Medical Officer of Health and Public Analyst for the city of London; etc. Philadelphia: Henry C. Lea's Son & Co. 1882. 8vo. Pp. 636.

Certainly not a tithe of the more than three thousand students that the recent March exercises of American medical colleges have converted into doctors authorized to practice medicine have been adequately instructed in legal medicine, and yet every intelligent physician will recognize the appositeness of the sentiment of the opening paragraph of the author, in his introductory lecture to his class, to-wit: "I pray your more than ordinary attention to the subject-matter of this course of lectures. It were well for us thus early to grasp the importance and the responsible nature of our task. The subject is not one that admits of postponement for a more convenient season. Your first day in practice—the first ring at your bell—may bring you face to face with a medico-legal case requiring all your thought and acumen, powers of observation, knowledge of facts, habits of induction. The body of an infant is discovered; was it born dead, or alive? A lifeless wounded body is found; were the wounds inflicted before or after death, and were they homicidal, suicidal, or accidental? A body is recovered from the water; was it alive or not when immersed? A girl lodges an accusation of rape; are there any or no grounds for such accusation? You are called to see a patient; is his illness natural disease or the effects of poison? These are examples of many hundred questions, any one of which, I say, your first day's practice may require you to consider. For the practice of forensic medicine is one that devolves on the profession generally, and not on a few in partic-

ular. I admit that in any great case experts (as they are called) are usually consulted; but for the actual facts and conditions, the appearances and the like, observed at the moment, the general practitioner must, as a rule, be alone responsible." Where a laborer sees his field of labor so clearly, and indicates the nature and importance of his work so pointedly, we should anticipate that when his work were done it would be well done, and, accordingly, we find in the author's book before us a superior presentation of the principles of law as related to medicine, and a full and complete illustration of their practical application.

This volume treats of evidence, the signs of death, identity, the causes of death, the post-mortem, sex, monstrosities, hermaphrodisim, expectation of life, presumption of death and survivorship, heat and cold, burns, lightning, explosives and starvation—fifteen subjects—the legal bearings of which may involve nearly all the relations that law bears to medicine. Other volumes are promised, though they are yet unwritten; but this fact does not lessen the intrinsic value of the work already completed, nor stamp it as fragmentary, the several subjects introduced being exhaustively treated.

The matter of the volume is the same that constituted the basis of the author's lectures on Forensic Medicine at the London Hospital in the summer of 1881, but the lecture form has been dropped, except in the first chapter where it was retained to facilitate the discussion of the various topics covered by it, which could not be so conveniently dealt with in other manner. The principles of medical jurisprudence are the same always, but there is continual evolution in their application to the affairs of life; and our author has been exceptionally industrious in searching the medical and legal literature of the continents for the most recent valuable illustrative cases touching all his themes, and this gives a freshness and flavor of fullness to his work that is both attractive and satisfying.

Some of the peculiarities of the arrangement of the matter of the volume also impress one as a decided improvement. For example: The cases illustrative of the text in each chapter, what-

ever their nature and extent, are placed in numerical arrangement at the end of the chapter, and reference to them in the text is made by number only, which not only has the advantage of not necessarily interrupting the argument as the discussion progresses, but saves repetition.

Chapter I occupies twenty-six pages, and deals with the Process of Law, Evidence, the Witness Box, and Preparation for Giving Evidence.

The Signs of, and the Appearance Produced by, Death occupy the second chapter, and cover one hundred and sixteen pages, including seventy-three illustrative cases gleaned from books, reports, and periodicals, many of them quite recent and not included in other treatises on the subject.

Chapter III, on Personal Identity, covers one hundred and thirty-eight pages, and has eighty-two illustrative cases, many of them also recent, and includes the celebrated Tichborne case.

The fourth chapter is a short one, eleven pages, on the Causes of Death.

The fifth chapter, twenty pages, instructs Concerning the Post-mortem as a Medico-Legal Inquiry, and is ended with two tables, the first giving the average measurement and weight of the various organs of the body, and the second detailing the appearance of the fetus at different periods of utero-gestation.

Sex, Monstrosities, and Hermaphrodisim are treated in the sixth chapter, sixty-six pages, having one hundred and thirty-seven illustrative cases, a large percentage of them being extracted from American medical journals.

Chapter VII, on Expectation of Life, Presumption of Death and Survivorship, is an instructive chapter, each topic being specially considered in a subdivision of the chapter. It has eighty-six illustrative cases, many of them drawn from the operation of modern accident assurance companies.

Chapter VIII, thirty-four pages, treats of Heat and Cold (considered medico-legally); has forty-six illustrative cases.

Chapter IX, forty-four pages, on Burns and Scalds (considered medico-legally); has forty-seven illustrative cases.

Chapter X, twenty-four pages, on Lightning; has forty-nine illustrative cases.

Chapter XI, forty pages, on Combustibles and Explosives; has thirty-three illustrative cases, some of which are quite curious.

Chapter XII, and last, forty-four pages, on Starvation; has fifty illustrative cases, Dr. Tanner's fantastic forty days' fasting in New York a couple of years since being among them, but the author very properly states that the results of this voluntary experiment are stripped of much of their importance and value because the performance was not under strict medical supervision.

This brief outline of the contents of Mr. Tidy's volume will advertise the reader of the scope and drift of the author's teaching. And even if the general practitioner feel no ambition to examine a work of this kind for its legal bearings, he should, especially if a young man, carefully study it for the practical lesson it contains illustrating the difference between the rigid rules of investigating a medical problem for the exact requirements of the law and the imperfect, slip-shod manner in which much of the hunting for facts and constructing an argument is done for an address or an essay. Whatever will teach doctors better habits of observation and more rigid rules of induction is worthy of their earnest attention, and this book belongs to that category. It is fully indexed, and the publisher's work is handsomely executed.

J. F. H.

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**The Systematic Treatment of Nerve Prostration and Hysteria.** By W. S. PLAYFAIR, M.D., F.R.C.P., Professor of Obstetric Medicine in King's College; Physician for the Diseases of Women and Children to King's College Hospital; late President of the Obstetrical Society of London. Philadelphia: Henry C. Lea's Son & Co. 1883. Small 8vo. Pp. 111.

Dr. Playfair, having read with the spirit and the understanding the great work of Dr. Weir Mitchell on "Fat and Blood, and How to Make Them," saw in its admirable teachings a promise of rescue for a suffering and almost hopeless class of cases

quite as numerous in England as in the United States. Comprehending quite clearly the rationale of Dr. Mitchell's method of treating the neurasthenic hysterical women, he formally inaugurated the style of management in London in October, 1880, and the fame of his success was such that inquiries from all parts of the kingdom of Great Britain in a year or two came in such numbers that he published a pamphlet to meet the demand for details which it had become burdensome to answer privately; and he has performed this task with that scientific acumen, that practical skill, and that perspicuity of diction that is characteristic of the man. The publishers have re-produced this pamphlet in a neat little volume, which the profession will find an excellent epitome of this important method of management. J. F. H.

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**An Introduction to the Study of Organic Chemistry.** By ADOLPH PINNER, Ph.D., Professor of Chemistry in the University of Berlin. Translated and revised from the fifth German edition by PETER T. AUSTIN, Ph.D., F.C.S., Professor of Analytical and Applied Chemistry in Rutgers College and the New Jersey State Scientific School. New York: John Wiley & Sons. 1883. 8vo. Pp. 403.

The translator has this for the first paragraph of his preface: "As a teacher of organic chemistry, I have felt the want of a small book on the subject. There is no lack of dictionaries and encyclopedic works on organic chemistry, but they are too large for use in a college course. The few shorter English text-books are not, so far as my experience goes, well suited for teaching." And to supply a text-book such as will fill the hiatus the translator presents Prof. Pinner's work in an English dress, with the author's smile of approbation. The work is quite popular on its native heath, and, from its natural and thorough methods of approaching the study of the complicated organic compounds, is likely to be of good service here to such as need help in this line. As the table of contents names between one thousand and four hundred and one thousand and five hundred organic com-

pounds to be analyzed and studied, the general practitioner will promptly decide that while it is doubtless full of good things for the specialist, it is for the specialist only.

J. F. H.

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**The Medical and Surgical History of the War of the Rebellion.** Part III, Vol. 2, *Surgical History*. Prepared under the direction of Joseph K. Barnes, Surgeon-General, United States Army. By GEORGE A. OTIS, Surgeon, United States Army, and D. L. HUNTINGTON, Surgeon, United States Army. First issue. Washington: Government Printing Office. 1883.

This large volume of one thousand and fourteen pages is remarkable not only for its size, but for its wonderful collection and digest of cases and excellent illustrations. The present volume completes the surgical history of the Medical and Surgical History of the War of the Rebellion.

Chapter X, the first in the book, presents with thoroughness and great detail the subject of "Wounds and Injuries of the Lower Extremities."

Chapter XI. "Miscellaneous Injuries."

Chapter XII. "Wounds and Complications." This chapter is largely devoted to primary and secondary hemorrhages, ligations, tetanus, gangrene, traumatic erysipelas, and pyemia.

Chapter XIII relates to the use of anesthetics in the army. Anesthetics were administered not less than in eighty thousand instances. The opinions of a number of surgeons are given as to the relative safety of anesthesia by chloroform, by ether, and by a mixture of chloroform and ether. One point upon which they agree is the importance of keeping the patient under the influence of chloroform as short a time as possible, on account of its depressing action. In a large number of cases given the per cent of deaths due to chloroform was 5.4 per 1,000; due to ether, 3.0 per 1,000; due to a mixture of chloroform and ether, 2.4 per 1,000. The cases in which death occurred are given with a short history, so that any one may study them and draw his own conclusions. The action of the various anesthetics as

to time required for anesthesia, as to vomiting, excitement, prostration, etc., are given in a table of five hundred and ninety-seven cases of anesthesia. Prostration is reported in 13.3 per cent in chloroform cases, and 11.1 per cent in ether cases. Chloroform was used about twice as often as ether.

Chapter XIV is a consideration of the medical staff and the *materia chirurgica*.

Chapter XV relates to the transportation of the wounded by ambulance, by railroad, and by water.

At the close of the volume is given a list of plates, a list of operators and reporters, and a subject-matter index of the three volumes of the surgical part. The plates are certainly works of art, especially the chromo-lithographs illustrating the subject of gangrene.

To D. L. Huntington, Surgeon, United States Army, was assigned the duty of completing this work, begun by the late Surgeon Geo. A. Otis, and he has performed the laborious task well. Surgeon Huntington, in his preface to the volume, says: "It is hoped that its short-comings may not seriously impair or detract from the beauty and harmony of the master-piece, which must remain a living monument to the intelligent industry, perseverance, and professional learning of the late Surgeon George A. Otis."

A. M.

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**Experimental Pharmacology.** A Hand-book of Methods for Studying the Physiological Actions of Drugs. By L. HERMANN, Professor of Physiology in the University of Zürich. Translated with the author's permission, with notes and additions, by ROBERT MEADE SMITH, M.D., Demonstrator of Physiology in the University of Pennsylvania. With thirty-two illustrations on wood. Philadelphia: H. C. Lea's Son & Co. 1883. Small 8vo. Pp. 201.

The translator makes the prefatory statement that his work was undertaken to furnish the student with a guide that would enable him to pursue his studies of the physiological action of drugs to advantage without the aid of a teacher, and this is exactly the scope of the volume. It is divided into two parts:

## I. Study of the action of poisons on isolated organs.

## II. Investigation of the general action of poisons.

The author defines a poison thus: "Those substances are called poisons which, when introduced into the animal economy, produce disturbances of its normal functions;" which in effect make poisons and medicines synonymous terms, and this is, scientifically, as it should be. The parties for whom this little volume is intended will find it a most valuable aid in telling what to do and how to begin, continue, and finish the service to which it addresses itself.

J. F. H.

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**A Guide to Therapeutics and Materia Medica.** By ROBERT FARQUHARSON, M.D., Edin., F.R.C.P., Lond., late Lecturer on Materia Medica at St. Mary's Hospital Medical School, etc. Third American edition, revised by the author. Enlarged and adapted to the United States Pharmacopeia by Frank Woodbury, M.D., Physician to the German Hospital, Philadelphia. Philadelphia: Henry C. Lea's Son & Co. 1882. 8vo. Pp. 526.

A book on therapeutics for which there has been a *bona fide* professional demand for three editions in five years must be a good book, and this is the indorsement that has been given to Farquharson's Therapeutics and Materia Medica by the medical fraternity in the United States. The special characteristics that commended the first edition have been continued, and the third revision is marked by the same conscientious attention to details and precision that gave the other issues of the book its good standing. Students and practitioners, who find their easiest lessons in therapeutics in the mercenary circulars of manufacturing pharmacists, will miss the name of some of their favorite remedies in Farquharson's catalogue of drugs whose medical powers he portrays; but this should be esteemed a merit, not a fault, of the work. As a compend of reliable therapeutics and materia medica in 1882, this third edition of Farquharson and Woodbury may be counted as the best in the English language.

J. F. H.

**Clinic of the Month.**

PRINCIPAL CHANGES AND DIFFERENCES IN THE STRENGTH OF PREPARATIONS OF THE NEW AND OLD PHARMACOPEIAS.—(Dr. C. E. Clacius, in the Chicago Medical Journal and Examiner for April.) The following table indicates so many parts in the hundred, as one grain of arsenious acid in one hundred grains of the solution:

STRONGER IN THE NEW ISSUE.	1870.	1880.	WEAKER IN THE NEW ISSUE.	1870.	1880.
Acidum aceticum,	35.	36.	Acetum lobeliae,	13.	10.
" " dilutum,	4.5	6.	" opii, . . . . .	16.3	10.
" hydrochloric, dilut.,	7.8	10.	" sanguinariae, . . .	13.	10.
" phosphoric, dil,	9.8	10.	" scilleæ, . . . . .	13.	10.
Alcohol, dilutum,	39.3	45.5	Acidum nitricum dilutum,	11.6	10.
Confectio sennæ,	8.32	10.	" sulphuric, dilut.,	12.1	10.
Extractus aconiti,	Leaf.	Root.	" sulphurosum, . . . .	6.4	3.5
" conii,	Seed.	Seed.	Ferri et quinize citras (quinine),	16.	12.
Liquor acid arseniosi,	0.87	1.	Liquor potassæ,	5.8	5.
" ferri chloridi,	35.	39.	Spiritus camphoræ,	14.	10.
" potassæ arsenitis,	0.87	1.	Tinctura aconiti,	47.6	40.
Opium pulvis, . . . . .	10.	12.16	" aloës et myrrhæ, . . . . .	12.	10.
Spiritus anisi, . . . . .	6.8	10.	" arnicæ, . . . . .	23.	20.
" cinnamomi,	8.	10.	" columbeæ, . . . . .	15.	10.
" juniperi,	2.	3.	" cannabis indice, . . . . .	36.	20.
" lavandulae,	2.	3.	" cinchonæ, . . . . .	25.	20.
" menthæ piper,	6.4	10.	" cubebæ, . . . . .	15.	10.
" menthæ viridis,	6.4	10.	" guaiaci, . . . . .	23.	20.
" myristicæ,	2.	3.	" ammoniata, . . . . .	23.	20.
Tinctura aloës, . . . . .	3.3	10.	" nucis vomicæ, . . . . .	3.5	2.
" asafetidæ,	16.	20.	" serperantæ, . . . . .	15.	10.
" cantharidum,	3.5	5.	" veratri viridis, . . . . .	55.	50.
" capsici,	3.5	5.	" zingiberis, . . . . .	31.8	20.
" catechu composita,	7.	12.	Unguentum acid. carbolicæ, . . . . .	12.	10.
" conii,	Seed.	Leaf.	" belladonnae, . . . . .	12.	10.
" ganac,	15.	20.	" gallæ, . . . . .	12.	10.
" humuli,	17.5	20.	Vinum opii, . . . . .	13.	10.
" myrrhæ,	12.	20.	" rhei, . . . . .	14.	10.
" opii, . . . . .	9.	10.			
" opii deodorata,	9.	10.			
" quassiae, . . . . .	6.	10.			
" rhei, . . . . .	10.	12.			
" valerianæ, . . . . .	15.	20.			
" valerian. ammon., . . .	15.	20.			
Unguentum acid. tannic,					
" hydrargy. ammoniat,	6.	10.			
" hydrargy. oxid. flav.	8.	10.			
" zinci oxydati,	8.	10.			
Vinum ergotæ, . . . . .	16.	20.			
	12.5	15.			

TUBERCULAR INFECTIONS.—Professor Baumgarten discusses very fully, in the *Zeitschrift für Klinische Medicin* for 1883, the various methods in which tubercular infection can take place,

assuming, of course, the bacillus to be the means of contagion—an assumption, by the way, which is far from being proved.

There are three ways in which such infection might take place: first, by respiring minute particles of dried sputum, which are probably floating about in the atmosphere; secondly, through the food, by eating the flesh of tuberculous animals, and especially taking the milk of tuberculous cows; and thirdly, hereditary, the contagium being transmitted from mother to fetus.

As regards the infection by respiration, Tappenheimer, Weichelbaum, and others have shown that dogs made to breathe dried and powdered sputum acquire an affection having many resemblances to, if it is not exactly identical with, tuberculosis. Many facts, especially clinical ones, point to this as being an unusual method, if indeed it occurs in man. The infection through food is regarded as possible, though there is no proof of it.

The third method of infection, or rather communication from mother to fetus, is regarded by him as open to the fewest objections, the principal difficulty of accepting this theory being that in the majority of cases the disease does not appear until the commencement of adult life.

He assumes that during the development of the fetus a number of organisms are incorporated among the fetal cells, but that their growth is suppressed by the increase of the fetal cells, and as soon as the growth of the latter has stopped the bacilli are able to grow and multiply, more especially in any part which may have been weakened by injury or other causes. He, however, makes no mention as to how the organisms get incorporated with the fetal cells, whether they are present in the ovum at the time of the impregnation, or whether the infection takes place at some later time; and if in the latter case no proof has been given that bacilli can pass through the walls of the capillaries from the blood of the mother to the blood of the fetus, though this is the probable explanation, yet in animals poisoned by the bacillus of splenic fever (as shown by Koch, Strauss, Chamberland, and others) the fetus present in the uterus at the time shows no trace of organisms.

THE PRACTICAL IMPORTANCE OF ATTENTION TO MINUTE PHYSIOLOGICAL PRINCIPLES.—Dr. Andrew Clark, in a recent lecture before the Clinical Society of London, spoke thus of one of its shortcomings:

But of all the defects in the work of the society, the one which I consider to be at once the most important and the most inexplicable is the seemingly studied disregard, in the treatment of a patient's malady, of those minute conditions of his daily life, which practically make and unmake health; so that, special management being almost nothing, and special medication almost every thing, it would seem as if physiological principles were of no account in therapeutics. But a more critical study of disease will soon convince us that this inference is unsound and its application incorrect. Putting aside, for the moment, inherited affections and parasitic maladies of whatsoever sort, I shall assume that chronic disease, a state of parts and not a thing interposed between them, is the eventual outcome of continued violation, conscious or unconscious, of physiological laws as they exist for the race or as they are conditioned by the peculiarities of the individual organism. I shall further assume that those violations are not exceptional and gross, but daily and minute, and that their effects, infinitesimal from day to day, become invisible only after longer periods of time, and so escape recognition except by those who are trained to discern the causal connections of subtle things. And I shall furthermore assume that the organism in virtue of the inherent forces maintaining its solidarity tends to repair existing and to repulse threatened disorders, and that, when placed in favorable and liberated from unfavorable physiological conditions, this tendency issues and ends in successful action.

And now let us take for illustration a case of primitive uncomplicated gastric catarrh. Assuredly it does not come without a cause, and it is not introduced from without, but begotten within. It is, in fact, engendered out of a more or less prolonged and petty violation of the laws of stomach digestion, and it is maintained by conditions which, although apparently too trivial to be worthy of notice, are yet sufficient to hinder the formation of healthy peptones, and to traverse the reparative powers of the organism. What is ordinarily done in such a case? The patient is told in a vague sort of way to have a light and nourishing diet, to take daily exercise, to avoid anxiety and overwork, and to try bismuth and alkalies, with an occasional alternative aperient.

Now, speaking, if I may be permitted to do so, from my own experience, it is certain that in such a case management is of more moment than medicine; and that, without a rigid and even minute obedience to the physiological conditions of healthy digestion, the chances are small of a speedy and permanent recovery from the gastric catarrh.

But the instruction of "a light and nourishing diet" admits of the widest diversity of interpretation; and with the most loyal desire for literal obedience, the patient, according to his age, habits, and status in life, may be unwittingly guilty of doing the most conflicting and injurious. He may eat too often or too seldom; his food may be fresh or preserved, too highly seasoned or too insipid, too concentrated or too bulky. He may take too much liquid or too little, too often or too seldom, too hot or too cold, effervescent or still. And without a conscious, but yet real and great departure from the intention of his instructors, he may frequently refresh himself with cups of tea and coffee, and make glad his heart by incidental glasses of wine or of beer.

Now, there is a right way and a wrong way in the management of every such case; and, although they lie so near each other, and are so much alike that the distinction between them is not easy of discernment, it is necessary that the distinction shall be made. For it is upon a correct giving, or not giving, minute attention to the physiological conditions affecting the quantity, quality, and character of the solid and liquid food, the times and circumstances of eating and drinking, the amount of exercise, work, and sleep, and the adequate discharge of the excrementitious functions, that our work will succeed or fail, that our case will turn for evil or for good, and that the patient will either recover his health or drift into permanent valetudinarianism. If time permitted, and the occasion would justify it, I could easily produce from the records of our common experience in every department of medicine illustrations the most various and conclusive of the peril of neglecting and the profit of following minute physiological considerations in the treatment of disease. On this occasion I shall content myself with one.

About eight years ago I was summoned to a consultation in South Kensington, where, in presence of the patient and his family, I met Dr. Andrew Stephen and Dr. Taylor. It appeared that the subject of our consultation, having been ill for many weeks and growing rapidly worse, had been brought from Wales to London for further advice, and that the advice given was opposed to the feelings and convictions

of the patient and his friends. The family therefore refused, without the help of another opinion, to carry out the proposed treatment, and accordingly, with the acquiescence of the doctor, I was summoned to examine the patient and to state my views, without previous consultation with my colleagues, but in their presence.

The patient, a tall, stout man of about sixty, with flushed face, sunfused eyes, anxious countenance, and swollen legs, sat leaning forward in an arm-chair, partially undressed, breathing laboriously, and apparently in much distress. He complained of shortness of breath and palpitation, of confused sensations in his head and occasional dizziness, of general weakness and of indescribable depression.

The patient had a loaded tongue, with fetid breath, and although troubled with nausea was able to take freely of food and drink. The abdomen was distended and the liver distinctly enlarged. There were frequent discharges of fetid gases from the bowels. The feces, discharged twice or thrice daily, were dark, offensive, and unformed. The urine was scanty, pale, faintly acid, of density 1010, and slightly albuminous. The heart was large, flabby, murmurish, frequent, quick, and irregular in time and force. The pulse was small, thready, irregular, and beating over a hundred times in a minute. The legs were edematous, bluish, red, and cold. The cervical veins remained continuously distended. Both lungs were congested at their bases, and there was frequent cough with frothy and sometimes sanguinolent expectoration. Nothing worthy of note was discovered in the nervous system.

Inquiring now as to the treatment which was being pursued, I was told that, in the opinion of all who knew him and of all the doctors, except the last who had been consulted about him, that the patient was a man of naturally delicate constitution, that he needed constant keeping up, and that his chances of life were in direct proportion to the amount of support that he could take. Accordingly he was taking food and wine every second hour, had iron, quinine, and strychnia three times daily, and, being increasingly thirsty, he drank milk and soda-water without much regard to frequency and amount. Questioned as to my opinion of the patient's malady, and urged by my colleagues to say exactly what I thought, I replied that he was a man with deteriorated but not seriously diseased tissues and organs, and that he was in peril of death, not so much from his malady as from the means used for its cure; that he was being poisoned by food and wine, that he was in the condition of a fire having more coals put upon it than it could burn, and that his chimneys being choked, he was in near danger of being suffocated with his own smoke.

My colleagues agreeing with this view of the case, and the patient, after much discussion and explanation, assenting, he was placed upon a precise and severe regimen. He was ordered to have four simple nursery sort of meals in the course of the day; to have an ounce of brandy, diluted with eight parts of water, at dinner and supper; to be restricted to two pints of liquid in the course of the twenty-four hours; to take nothing of any sort between meals; and, as soon as he was able, to move about the rooms in which he dwelt. In the way of drugs he was directed to take, for a week or longer, a grain of calomel at night, followed by a saline aperient on waking in the morning; and to have, twice or thrice daily, two hours after food, infusion of gentian with bicarbonate of potash, iodide of potassium, tincture of digitalis, and aromatic spirits of ammonia.

For the first three days he was no better for this treatment. It tried him severely through the restriction of his liquids, and, declaring himself worse for it, he threatened to discontinue it and to return to his former ways; but, on the fifth day, he began to improve, and then, his confidence being gained, there was no further difficulty in continuing the treatment, which, when digestion improved, was added to by the administration of reduced iron with meals.

At the end of three months the patient declared that he was well, and all that could be said against him was that he had a weakish heart, that he was breathless upon exertion, that he had rather inadequate kidneys, and that, to maintain his sense of well-being, he was compelled to live by rule. This rule was a midday dinner, with an ounce of brandy in half a pint of water; a moderate breakfast and tea, with eggs, or poultry, or fish; extreme moderation in the use of fluids; tepid sponging, warm clothing, gentle exercise, and early hours.

Within a year I heard of the patient being in fair health, and managing his iron works in Wales. What I have since heard of him from time to time is instructive. Occasionally losing his faith, or lacking strength to follow his rules, he returns to the freedom for which he longs, frequents society, dines late, rejoices again in his wine, and has his heart's desire. For a time all goes merrily and well, and he breaks sarcastic jokes over the heads of physicians. But, sooner or later, the urine diminishes in density and becomes albuminous; the heart loses its strength and regularity; the breathing is oppressed; the nights are sleepless; till at last, after much suffering, his obstinacy is conquered, and reconvincing and humbled and penitent he returns to his obedience, and again recovers his health.

Such cases are common enough; and my experience forbids me to

doubt that, in fevers and inflammations, in hemorrhages and acute diseases of every sort, the issue of particular cases turns oftener than we are perhaps ready to admit upon an adequate understanding of the physiological principles applicable to the removal of the conditions imperiling life, and upon the resolution and patience, the minuteness and fidelity, with which they are enforced.

And such considerations are true and important, not only in diseases jeopardizing life, but also in common disorders which, although devoid of serious peril, invade our comfort, hinder our work, and dull our joys in life. I do not forget that, through hereditary influences and unsuitable but inevitable environments, many persons are doomed to be constantly ailing without being ever really ill; that their normal state is one of suffering; that no physiological readjustments and no specific medication can give to them the pleasant sense of health; and that attempts to effect what is impossible issue only in greater sufferings or in disaster; but, making full allowance for such cases, there remain countless numbers who are willing and eager to make any and every sacrifice necessary to recovery, and who are left to continue in suffering because the physiological principles and compensations applicable to their relief are derided, disregarded, or denied.

REMEDIES OF NATURE IN CONSUMPTION. (Felix L. Oswold, in Popular Science Monthly, May, 1883.)—About the comparative advantages of a dry and cold or moist and tropical climate opinions are divided, with a preponderance of arguments in favor of the former; but so much is certain, that in all latitudes of the temperate zone the disease known as pulmonary consumption is caused by the breathing of vitiated air, and can be *subdued* by out-door exercise. In certain cases *cured* would be an ambiguous term. The respiration of vitiated (azotized and dust-impregnated) air results in the corruption of the pulmonary tissues, and finally in a process of disintegration that fills the structure of the lungs with ulcerous cavities. These cavities often cicatrize, but it is not probable that they can be entirely healed, *i. e.*, that the wasted tissues can be reproduced. Yet in all but its last stages the *progress* of the disease can be arrested by out-door life alone. The voice of instinct adds its testimony to the teaching of science. In the language of our

senses, every feeling of discomfort suggests its own remedy. If the proximity of a glowing stove begins to roast your shins, the alarmed nerves cry out—not for patent ointments, not for anti-caustic liniments and "pain-killers," but for a lower temperature. Nothing else will permanently appease them. Millions of prisoners, school-children, and factory-slaves, pine for lung-food as a starving man yearns for bread; and that hunger can not be stilled with cough-pills, but only with fresh air.

There are adjuvant remedies which will be noticed hereafter, but their co-operation is not indispensable. Without a sufficient supply of wholesome food, without warm clothes, without domestic comforts, under the disadvantage even of excessive hardships and protracted fasts, a three months' mountain excursion, with or without tents, will cure all the symptoms of the disease with the exception of an accelerated pulse and a panting respiration during active exercise. Canadian trappers who leave their supply-camp with a bad cough get rid of it on the fifth or sixth day "out." They may get foot-sore and, if game is scarce, hipped and homesick, but the feeling of haleness about the chest continues. Night-frosts do not affect it. Fatigue rather improves it. They may wake up with a feeling of frost-cramp from their chilblained toes to their shivering knees, but the lungs are at ease; no cough, no asthmatic distress, no stitch-like pains, no night-fever. An old campaigner would laugh at the idea of "colds" being taken in the open air. He knows that they germinate in close bedrooms and flourish in musty beer-shops, but vanish in the prairie-wind. If he is a government teamster and sells his meat-rations for brandy, he may know that sun-heat and fire-water are burning his candle at both ends; he may see trouble ahead, but he is sure that it will not come in the form of lung-trouble. Koch's lung-parasites do not thrive upon a fresh-air diet.

THE MANNER OF ADMINISTERING ETHER.—In the Medical News of April 14, 1883, Dr. Wm. Goodell, in concluding his remarks upon twenty-five cases of ovariotomy, says: "One of

the chief lessons I have learned from my experience during the past year is to administer ether. Hitherto I have, in common with most American surgeons, given this anesthetic by a closed cone, in such a way that the patient breathed her own air over and over again. I am now disposed to think that this is a very unsafe mode, and that to it is due, in a large measure, the alarming prostration of the patient while undergoing the operation. For instance, among the twenty-five cases of last year, cases 70, 71, and 82, presented such profound symptoms of shock that the operation had to be suspended until hypodermic injections of brandy and of ether were made, and some degree of reaction had set in. In cases 70 and 71, it was indeed with great difficulty that the women were kept from dying on the table; while case 85 clearly died from edema of the lungs. Now, I do not find such alarming symptoms referred to in any reports of cases by British operators. I am therefore forced to the conclusion, that either under the strain of rivalry they do not operate in very desperate cases, or their mode of administering anesthetics is a safer one than ours. Fully impressed with this idea, I have lately been using Dr. Allis's improved inhaler, and have thus far found it to act promptly, safely, and economically.

PERMANGANATE of potassa seems to be the latest wrinkle among the medical quidnuncs. Injections of Condy's fluid have long been well thought of for gonorrhea, and Drs. Ringer and Murrell (*Lancet*, January 6th) strongly recommend the pills as a cure for amenorrhea. It is said, however, that permanganate of potash when made up with any readily oxidized excipient, as glycerine, has an unpleasant way of "going off." If it should deflagrate when administered *per vias naturales* it would be startling. But then it is to be said, that if this reaction is a common result of such a combination their topical application to the uterine cavity might reasonably be expected to relieve amenorrhea.

**Notes and Queries.**

THE KENTUCKY STATE MEDICAL SOCIETY held its 28th annual session in Louisville, Kentucky, in April, with Dr. A. D. Price, of Harrodsburg, the president, in the chair. Dr. Coleman Rogers, of Louisville, chairman of the Committee of Arrangements, welcomed the organization to the city in a few cordial and graceful words. The formal reports of the several officers were then made, and followed by the president's address, which was delivered in a quiet, colloquial way, and was listened to with pleasure and profit by a large audience. He touched, among other topics, on the need of instructing the masses in the laws of hygiene and in the science of living in a way which will secure to them health and length of days. He insisted on the value to each physician, and in the aggregate to all other physicians, of a daily and accurate record of cases occurring in practice. He alluded to the hackneyed theme, as he expressed it, of medical education to administer a gentle but well-merited rebuke to the croakers on the one hand, who are ever busy, in season and out of season, lamenting the decadence of the profession ; and the strong-arm-of-the-law men on the other hand, who would summarily correct all the evils of the present system by legislation. He was half inclined to the opinion that the evils complained of will correct themselves ; that time will right the wrong, and "public sentiment, the great tribunal before which men prove themselves, will hasten a new order of things and urge on the meritorious work of a more thorough and complete course of instruction for those seeking to become physicians." He thought that suggestion had not done much toward this end, and legislation even less. It is nevertheless true that progress has been made and will continue to be. But the best schools can not manufacture brains ; they can only

work up such material as is sent them. Let that be good, and then we shall have doctors who are "skilled in the discrimination of disease and trained in its therapeutics." He thought that many of those now seeking to enter the profession could more fitly direct their abilities to veterinary surgery, which offers a rich and most useful field, where the highest order of talent may find active employment. True to his locality and his raising, the president dwelt on the enormous value of the horses in the United States—placing it at \$800,000,000—of which he says \$15,000,000 are lost annually, lost for want of skilled veterinarians. Some of the speaker's hearers were puzzled to know whether one of the incompetents he had just described could be educated up to the point of being qualified to doctor Blue-grass horses.

With real Kentucky instinct he passed from horses to women, and urged the organization of a school for educating and training nurses. Skilled and trained nurses, he said, were the handmaids of the medical profession. He animadverted with due severity upon the habit of some physicians of directing opiates for the relief of pain, knowing as they do the dangers which attend the practice. He denounced in fitting words the crimes which are, alas! growing apace, of criminal abortion and the resort among the married to means to prevent conception. He favored legalizing prostitution and exercising the strictest surveillance over the unfortunate women as being, perhaps, the best way to control and lessen the social soil. He ended by complimenting the specialists, and thought that further division of labor could be made with advantage in many places in the State.

The foregoing is a mere abstract of Dr. Price's address. We wish our space would allow us to present it entire.

It is such addresses as this which the profession likes to hear, and while the topic perhaps is a good deal hackneyed, it is not the less necessary that it should be kept constantly in mind.

Dr. T. B. Greenley, of Orel, reported on the progress of *Materia Medica and Therapeutics*. This paper is published

elsewhere, and, coming from an experienced practitioner of careful observation and large opportunity, will attract attention.

Dr. J. A. Larrabee, of Louisville, in remarking on the merits of the paper, struck a key which gave back no uncertain note when he said: "Sometimes in our progress, however, it is best to call a halt for the sake of rest if nothing more. It seems to me that a committee should be appointed to report upon the efficacy of *old* remedies and the *new* uses of them by various modes of administration to meet various indications. It must be admitted that we are running to an extreme in the use of new remedies; and at the present time, if we indorse every thing that comes before us, we will soon have to choose of the medicines prepared instead of medicines in general to suit the disease. However paradoxical it may seem, it is just possible for us to take a step in advance in this matter by taking two backward. A discussion upon the proper use of the medicines we must rely upon in the treatment of disease would be quite as profitable as a discussion upon the subject of new remedies. A very important point entering into the consideration of medicinal effects relates to time and mode of administration: by different doses at different intervals different results are secured. We use ipecacuanha in one dose to provoke emesis, in another to check it; we use it to increase the tone of the stomach; we use it to cause increased secretion and fecal dejections when these have been arrested by some diseased process. This applies to all medicines. In other words, there is no fixed dose of any medicine. This is subject to modification with respect to time, manner, and mode of administration, according to the effect to be produced. Many practitioners fail to regard the elimination of medicine as an important factor. Some have their effects, and pass out of the system in a given period of time; others in quite a different period; therefore a continuous effect is acquired by knowledge of the period of elimination and attention to the interval between administration of doses. These and many other considerations make it impor-

tant that more attention should be given to our old, long-tried and reliable articles instead of spending time in this fruitless search for remedies (specifics)."

Dr. J. W. Holland, while agreeing with the preceding speaker in the main, called attention to the unreliability of manufactured preparations of the standard medicines, and particularly the unreliability as to quantity in quinine pills said to contain one, two, and three grains each. The speaker claimed to have knowledge that justified the statement that such were almost invariably of short weight, no matter by what manufacturer made. In many instances pills marked two grains contained but a fraction over one, and others varied accordingly. The purity of the alkaloid in many could not be warranted, not even commended. He referred to an analysis, which is to appear shortly in the medical press of Louisville, on which these statements are founded, this analysis having comprehended pills made by various establishments, not one of which is to be designated in the report.

Dr. W. M. Fuqua reported on Improvements in Surgery. This report appears elsewhere. Discussion of Dr. Fuqua's paper was confined to a consideration of the subject of antiseptics, and particularly the dangers attendant upon the use of iodoform.

Dr. J. M. Mathews, of Louisville, said: "There was one point that impressed me from the beginning, and I wish to call attention to it in order to elicit a discussion from the society. The author mentions that the ideal antiseptic has not yet been discovered, and in making this assertion he speaks of iodoform in disparaging terms because of the danger attending its absorption. In a special way I have used this agent for a number of years; and notwithstanding the fact that I have seen daily in medical journals and heard it spoken of as being dangerous, I have used it freely without once having reason to suspect that by its application I had done the patient harm. In treating diseases of the rectum I have used it freely, packing an ulceration with it as many as three or four times a week, and continuing this for three or four weeks, until a healthy action had been

excited. I have yet to meet a single case wherein any deleterious or dangerous symptoms followed as a consequence of its use. As to its local effect, I think no surgeon can have a doubt as to its excellence."

Dr. D. W. Yandell, said: "The point raised by Dr. Mathews is one of importance. What the chairman of the committee has said touching the dangers of iodoform does not apply to its application to the small surface to which it must be applied in cases of affections of the rectum, but to the absorption of the substance when used in enormous quantities. I do not infer from his remarks that he intended to say that iodoform used upon small ulcerating surfaces would be accompanied by any danger. I wish to confirm by my own experience the value of iodoform in rectal troubles. I have found it of especial use in the treatment of hemorrhoids after operation for removal by any of the usual methods. In some cases there is a good deal of active inflammation left, in others a sluggish condition of the parts, a calloused-edged ulcer, or much infiltration in the adjacent tissues. Under these circumstances, but more particularly in the acute ulceration that follows, I have almost invariably gotten good results from iodoform. I quite concur in the remarks of Dr. Mathews touching its harmlessness. I have never known a patient to complain of it, nor, in fact, any ill to follow from it at all. I think it, as a local application, has been much overrated because it has been used in far too many conditions. As has been said of Martin's bandage, the only trouble with it is that it does too much. I am sure that in many forms of ulceration, and particularly in venereal ulcers, it is a valuable addition to our surgical remedies." Dr. Yandell added that it was not unlikely that where iodoform used in a proper way produced toxic effects, the patient presented some idiosyncracy to its use.

Dr. D. S. Reynolds, of Louisville, while quite agreeing with the gentlemen with reference to the importance of the use of antiseptics, recognizes a great difficulty in the want of a selection of the proper kinds of antiseptics for particular conditions.

Thus, the chloride of sodium is an efficient antiseptic in acute purulent inflammations of the mucous membranes, while boracic acid is applied with better results to those of a chronic form. Thymol and eucalyptol are of like benefit in the treatment of those inflammations which become septic by becoming purulent, as in the cavity of the middle ear, the tear-passages, and other similar conditions. The aspergillus albicans, which invades the external ear, is destroyed perhaps more readily by eucalyptol and thymol than by other agents, though boracic acid is not to be neglected in fungoid growths of this character. The tinea tonsurans, which invade the hair follicles, are quickly destroyed by boracic acid. When we are able to classify the germs we shall then be able to arrive at some definite conclusion as to the selection of the germicide applicable.

Dr. Holloway, of Louisville, thought it would be better to classify these remedies as germicides rather than as antiseptics. So far as iodoform is concerned, he looked on its action as simply alterative; the same is true of the local action of carbolic acid.

In speaking further of the subject, Dr. Fuqua related two cases that came under his own observation, in which the persistent use of iodoform resulted in mental derangement to such an extent as to make it necessary to withdraw it.

Dr. Andrew Seargent, of Hopkinsville, stated that, during his term of service as interne at the Louisville City Hospital, iodoform had been used according to Col. Seller's directions for the use of his eye-water; that in the venereal wards it had received the designation of the ward cologne, and, so far as his observation had extended, it had produced no injurious constitutional effects.

Dr. Preston B. Scott, of Louisville, was announced to make the report of the Committee of Obstetrics. He read instead a paper on the subject of Disorders of the Menstrual Function. "Many young women," said the speaker, "suffer from dysmenorrhea, and in fact the functional disorders of menstruation have steadily increased. Pain, scanty and irregular monthly flow are

the prominent features. Conditions which impair nutrition and depress nerve-force are the leading causes. The results are recurrent suffering, sympathetic disorders, reflex disturbances, and, in due time, local changes. In view of future married life, Emmet's tables show how large here is the field of preventive medicine. It is to this class of sufferers, and it is a very large one, attention is directed. A few days since, two young ladies, sisters, aged nineteen and twenty-one, came into my office looking the picture of blooming health. One had only a scanty flow, followed by severe frontal neuralgia after every monthly period. The other went to bed with fearful cramps for two days. They had been suffering thus for two years, and for the first time now had come to seek medical advice. Now Emmet has given us some valuable statistics showing how much the health and capabilities of women have been influenced by disorders of early menstruation. I asked a young society lady, not long since, how many of her friends suffered as she did? She answered, 'Nearly all of them suffer severely; many have to remain in bed.' These conditions, the speaker claimed, were due to the mode of life of women and girls at the present time. He cited the fact that it is no uncommon thing for as many as eighty girls and women to be seated in one room sewing in dress-making establishments in this city. Many others labor in factories from seven in the morning till six in the evening, in defiance of an undeveloped function struggling into healthful regularity. The speaker alluded to the deleterious effects of the forcing system of education prevalent in this rapid age. With respect to treatment it must ever be borne in mind that this function is a monthly cycle of nerve-force intensifying as it reaches its maturation, with a flow of blood and mucus, healthful, complete, and painless. To reach this end he directs his treatment to a period of apparent rest, a period of approach, and the period of actual flow. One of the chief difficulties the speaker has met has been to have patients keep their count and have a due regard to the circumstances of their living in so far as that influences the course of the flow. In the intervals their

pain is forgotten, and hence, as a class, they are fastidious in regard to the taste of the medicines. Arsenic, strychnia, iron in the form of lemonade, as recommended by Goodell, all serve a useful purpose when given with due regard to the indications. At the approach it will be found necessary to resort sometimes to sedatives, sometimes to stimulants; for the former the pulsatilla anemone has stood the test of six years' constant application. The principal indication in all cases, however, is to utilize the interval of repose in restoring to a proper balance the depressed nerve-force. Medicines alone will often fail.

Dr. J. M. Mathews, of Louisville, said: "One point in particular in Dr. Scott's remarks impressed me as of importance, and that was with reference to the reflex disturbances which sometimes occur in these cases of obstructed menstruation. Several years ago I met Dr. Scott in consultation in a case of this kind. It was then very singular to me, and at that time his instruction was so explicit and natural that I have never forgotten it. Before this girl could be examined it was necessary to break down the hymen, behind which was such an accumulation of offensive material as it had never been my experience to meet before. The relief which followed was immediate and permanent, affording an illustration of the value of determining exactly the existing conditions in each particular case."

Dr. William Bailey, of Louisville, suggested the importance of teaching patients the necessities that call for obedience to nature's laws. In the last twenty-five years physicians have gone to an extreme in the examinations of married women. Many of the disorders of the sexual system are dependent upon constitutional disease, not local trouble, and as such are better relieved by constitutional treatment. He objected to the physical examination of girls.

Dr. Pinckney Thompson, of Henderson, regarded the frequency of personal examinations as the besetting sin of the profession. There can be no doubt that local treatment, in many cases applied by ignorant and unskilled hands, is productive of many of the conditions from which womankind suffer. The

author of the paper did not, in his opinion, overestimate the injurious effects of the modern system of female education. Among girls raised in the country, who are not subjected to these conditions, such disorders are exceptional.

Dr. J. N. McCormack, of Bowling Green, read a paper on Hygiene, which appears on another page.

Dr. Thomas F. Rumbold, of St. Louis, by invitation, read a paper on the Treatment of Chronic Naso-pharyngeal Catarrh. Dr. Rumbold holds that chronic inflammation of the nasal mucous membrane is not like the inflammations of mucous membranes in other situations; therefore he holds that the general practitioner of medicine, while he may understand the usual effects of applications of medicines in situations in general, is not capable of treating inflammations seated here, unless acquainted with the action of drugs in this particular situation. The cause—at least one of the most prolific of causes—of inflammations here is cold, oft-repeated and neglected. He speaks of the modifications which age exerts upon the process as seated here; children and young persons show little inconvenience from exposure to a draft of air, while aged persons suffer quickly and severely. Men die from excesses, women from exposure. In order to successfully treat naso-pharyngeal catarrh, attention to these two points of lowered vitality in the two sexes must ever be borne in mind. Particular attention must be paid to the manner in which females are clad, and if this be not under the control of him who undertakes to treat such diseases, his reputation is likely to suffer in proportion to the failure of his treatment. In the means of applications of remedies to the disease he objects strongly to the douche. It can do no good, because it fails to make the application at the seat of the disease. It may be productive of harm, because it is unscientific. Dr. Rumbold objects to the application of water, either hot or cold, and maintains it is harmful because it is absorbed by the mucous membrane and produces a greater state of congestion in it than existed before the application was made. Three essential qualities should be possessed by all applications

made to the nasal mucous membrane. First, they should cause no pain; secondly, they should cleanse the surface; thirdly, they should be capable of transformation into such a form as to permit their application to every portion. All applications before being made should be brought to the bodily temperature, then they should be applied in the form of spray. Vaseline he recognizes as the best application with which he is acquainted. Two others exhibited and occasionally used were carbolic acid and eucalyptol.

Dr. W. O. Roberts, of Louisville, reported several cases of head injuries in which operative procedures had been rendered necessary. (The paper, along with the discussion to which it gave rise, will appear in the June number of this journal.)

Dr. Frank C. Wilson, of Louisville, reported two cases of tracheotomy, one being successful; the patient, a little boy of about seven years, being present in person. In November, 1881, Dr. Wilson saw the child at night. He had sometime previously been taken sick with diphtheria invading the nasal passages. A few weeks before his brother had diphtheria. The boy's condition in the evening did not seem to demand the attention of a physician, and Dr. Senteny had not been sent for. I explained to the father at once the dangerous character of the affection, and insisted that Dr. Senteny should be called. From that time till the operation was performed one or the other of us was with him constantly, and endeavoring by every means in our power to stay the disease. Nothing availing, and the little fellow growing worse, it was determined to perform it in the middle of the night. The incision was carefully and slowly made, and the hemorrhage stayed before the trachea was opened. The expulsive efforts excited by the passage of air into the opening caused renewed hemorrhage, which however soon ceased. A moist sponge was placed over the tube, which was cleansed about every two or four hours. The boy made a good recovery. The other case occurred in a younger child, and the operation was delayed until the last moment. In this case the child lived three days after the operation, and seemed to die as the result of

accumulations of mucus in the trachea and bronchial tubes. Dr. Wilson also exhibited an apparatus which he had designed to warm the air before its passage into the tube.

Dr. Pinckney Thompson reported two cases of recovery from the operation, in each of which no tube had been used. Other cases in which it had been used had resulted unsuccessfully. He regarded the tube as harmful rather than efficacious, looking upon it as a foreign body in a delicate situation, and in itself sufficient to produce harmful irritation.

Dr. R. W. Dunlap, of Danville, spoke of two cases operated upon by the late Dr. John D. Jackson, both of which recovered. He used the tube in both cases.

Dr. D. W. Yandell reported a case in which the tube had been worn for a period of seven years.

Dr. Sargent, of Hopkinsville, reported a case of strychnia poisoning, in which recovery occurred after the ingestion of twenty grains.

Dr. J. M. Mathews read a paper on Hemorrhage from the Rectum, a subject of great interest to practitioners every where; and, being treated entirely from a practical stand-point, it will be read in our June issue with interest.

Dr. W. C. Webb, of Bryantsville, read an instructive paper on the Treatment of Pertussis, which will be found of much practical interest, and also in June number.

Dr. J. A. Octerlony reported on the Progress of Dermatology. This paper appears elsewhere.

Dr. W. H. Wathen, of Louisville, exhibited a case of hollow needles, which he had devised with special reference to the introduction of silver-wire sutures. The needles have different curves, adapting them to operations upon the perineum, vaginal walls, cervix uteri, and to staphylorrhaphy. These needles are constructed upon the same principle as those manufactured for the same purpose by Tiemann & Co., but possess qualities rendering them, in the opinion of their inventor at least, superior to any heretofore offered the profession.

The officers and committees for the ensuing year are as follows:

*President*—Dr. J. N. McCormack, of Bowling Green.

*Senior Vice-President*—Dr. J. M. Riffe, of Covington.

*Junior Vice-President*—Dr. J. M. Harwood, of Shelbyville.

*Secretary*—Dr. S. M. Letcher, of Richmond.

*Assistant Secretary*—Dr. J. S. Moore, of Lebanon.

*Treasurer*—Dr. H. Brown, of Hustonville.

*Librarian*—Dr. A. M. Vance, of Louisville.

Bowling Green was chosen as the next place of meeting.

Dr. Anderson then read the following resolution, which the Committee on Nominations recommended for adoption by the society:

*Resolved*, That the Kentucky State Medical Society receives with regret the resignation of Dr. L. S. McMurtry as permanent secretary.

*Resolved*, That the thanks of the society be accorded Dr. McMurtry for the able and faithful manner in which he has discharged his duties, and for his untiring devotion to the interests of the society.

The resolution was unanimously adopted.

The following Committee of Arrangements and Credentials was appointed for the next session: T. J. Townsend, chairman, Bowling Green; W. E. Hatcher, Bowling Green; J. F. McElroy, Bowling Green; Walter Byrne, Logan County; J. P. Thomas, Christian County.

The president then announced the following committees: On Finance, Dr. J. D. Neet, Versailles; on Medical Ethics, Dr. Andrew Seargent, Hopkinsville; on Improvements in Practical Medicine, Dr. T. P. Satterwhite, Louisville; on Improvements in Surgery, Dr. L. S. McMurtry, Louisville; on Obstetrics, Dr. J. M. Riffe, Covington; on Hygiene, Dr. J. J. Speed, Louisville; on Improvements in Pharmacy, Dr. H. A. Cottell, Louisville; on Materia Medica, Dr. J. P. Thomas, Pembroke; on Ophthalmology, Dr. R. M. Ferguson, Louisville; on Otology, Dr. Stucky, Lexington; on Dermatology, Dr. C. J. Walton, Muncieville; on Epidemics, Dr. J. M. Harwood, Shelbyville; on Vital Statistics, Dr. R. W. Dunlap, Danville; Delegates American Medical Association, Drs. Reynolds, McMurtry, Octerlony,

Roberts, Bealer, Brown, Riffe, L. P. Yandell, Thomas, Todd, Wathen, McCormack, Greenley, Crawford, and Scott.

The society then adjourned to meet in Bowling Green on the first Wednesday in May, 1884.

The meeting was certainly a profitable one. The papers were practical in character, and just from the hands of men engaged actively and continuously in the work they write of. The discussions partook of the same character, and thus good was done all round.

**DR. DAVID CUMMINS.**—Died, at his home in Louisville, April 15, 1883, Dr. David Cummins, aged fifty-eight years.

At a very large meeting of the physicians collected to express the esteem in which Dr. Cummins was held, many kindly and appreciative things were spoken of him by his colleagues. Among them we make room for a letter sent to the meeting by Dr. Yandell, which will convey to our readers some idea of the loss which has been sustained by the entire community in the death of this estimable gentleman and useful physician.

*Mr. Chairman:* Although not able to be with you, I feel that I must say something, if it be but a word, on the mournful occasion which brings you together. A little over a year ago the profession of Louisville assembled to pay a last tribute to one of its members who lived a life so blameless and so crowded it with good deeds and gentle offices that his taking off was deemed, and justly deemed, a public calamity. Dr. Cummins and I made part of the cortege which followed the remains of Dr. Foreé to the grave. We occupied the same carriage. On our way home he said, "Yandell, the circle is narrowing very fast. We have come to be counted among the older doctors. Bell and Hewitt and Brandeis alone rank us in age now. And somehow I feel that either you or I will go next. Our turn can't be long off. Your health is poor enough. Mine is worse. I'll be next, I reckon." Unconsciously he had foretold his doom.

Mr. chairman, the list of the dead grows apace. Within a very few years we have been called on to mourn the loss of seven men in our ranks, each of whom in his way was a leader genuinely great and thoroughly good. Lewis Rogers, George Bayless, my own venerated father, L. P. Yandell, Richard Cowling, Erasmus Foreé, John E.

Crowe, and to-day David Cummins. Better practitioners never labored any where. More dutiful sons, more affectionate fathers, tender-husbands, more upright, more honorable, more useful men never trod these streets. I name them in the order in which they fell. For where all were so brave, so manly, so strong, so gentle, so good, so true, and so much loved, it would indeed be a poor service to the dead worthies to attempt to classify them in any other way. Each made his own special walk, and each walked it well to the end. They all illustrated by their lives the bettering influences of a fixed faith in the reality of a Godhead. Three of the number died without a moment's warning; yet they all died trusting to the mercies of the Christ, in the hope of a blessed immortality, "where the great riddle of life," which they so yearned to solve, "shall be revealed to them in the quick consciousness of souls redeemed and purified."

Few physicians were better known in this community than Dr. Cummins. He was raised here. He acquired his scholastic and medical education here. He practically lived his entire life here. Throughout more than a generation he performed in his own straightforward, quiet way the work he had undertaken. While doing it he won the affectionate regard of his colleagues no less than the love and gratitude of that large segment of the public which trusted their lives and confidences to his hands. As a surgeon he was deservedly eminent. As a physician he was of quickest apprehension, great practical wisdom, and of superior judgment. As a friend he might have worn the motto of the Douglas, "Tender and true." He had not one sour drop in all his veins. Physicians and patients will alike feel the void which his death has created, and the entire community will be pained that his manly form and benignant face shall be seen no more among us.

DAVID W. YANDELL.